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The Nurse and the Public

I—The Time Has Come to Speak

VIRGINIA McCORMICK

To everything there is a season and a time to every purpose under heaven; a time to keep silence and a time to speak.—Eccl. III: 1, 7.

NURSING has been perhaps the most silent of the professions. It has not told about itself. It has not talked for publication. It has avoided and eluded publicity with a deeply rooted consistency. During the years of its early beginnings and the period of its strenuous adolescence, it has been as inarticulate as youth itself.

But now the time for silence is over. It may be that nursing is still in an adolescent phase, but it has a platform and a program, and in order to develop that program effectively, in order to be of greatest service to the patient, nursing must have the understanding and coöperation of its compulsory possible patient, the public.

Nurses are inherently a silent folk. Innumerable women have found in nursing an answer to their desire for a place of their own where they might do a helpful work with a self-effacement amounting to anonymity.

To this oftimes inherent reticence, moreover, have been added the inhibitions developed in training. Since nursing first took form under Florence Nightingale, there have been inculcated in the nurse from her earliest student days those qualities which tend to create professional reticence. She has been taught to refrain from discussion of individual cases. Her relations with doctors and supervisors are formalized, and the nurse is taught, or encouraged in, quietness of mien, modesty, and a dignified reserve.

Moreover, except in the case of the small group of leaders, nurses, especially during the early years of the profession, have been markedly individualistic in their attitude toward their work. They have been called to cases and they have left cases and have gone on more cases, with a complete disregard for, or unawareness of the relation of that work to nursing as a whole. The public, except through the cases by means of which these nurses subsisted, did not exist.

Too Busy To Talk

WHEN a natural tendency toward reticence is encouraged by professional dicta, it is understandable that the result would be the present one. Nurses have failed to recognize the desirability of talking of their work because both inherently and by training they have been averse to

anything even slightly resembling publicity. Therefore, they instinctively have sought for reasons against this contact with the public, and the best of reasons has been at hand ready for use. Nurses have been too busy to assume the added burden of telling their story.

And nurses have been busy. When the first organizations of nurses appeared in the United States some thirty-five years ago, they were faced with an incredibly difficult task. The sick of the entire nation had to be nursed. There were only a score or more of training schools of high grade and only a few thousand nurses. From those meager beginnings it was their task to spread nursing over the country.

The burden of expansion rested with these nurses who, to their own more-than-full-time jobs, added the responsibilities of a growing profession. Every particle of work carried by these organizations was carried by nurses who were either on 24-hour duty or were hospital executives on a theoretical 12-hour day which usually stretched itself to the limit. To face the many professional problems in urgent need of solution must have been a difficult and demanding task, indeed, in those few free hours which the nurse took for herself.

Those tasks must have appeared almost hopelessly great, too, for the objectives of the profession were to train sufficient nurses to meet the needs of illness throughout the land and to see to it that, once trained, these nurses were given the protection necessary for them to practice their profession and the opportunity to develop in their profession.

To be sure, these objectives evolved as the profession developed. But the fact that after a quarter of a century there are nurse practice laws in every state, that nursing education is beginning to take its place in colleges and universities, that nursing is adapting itself to meet the needs of various social groups—these are testimonials to the task of the nurses, and to the way in which they met that task. Small wonder they were so busy they did not even speculate as to what the public might know or think about nursing.

Needed Legislation Makes Demands

ONE of the few times that public opinion has been considered has been at that period in a state organization when the nursing laws of the state were in the making. The task of educating legislators in nursing needs has always been a particularly difficult one for the nurses.

But the nurse found time to talk with these legislators, to meet the demands necessary if the nurse bills were to be passed. It is no doubt true, then, that had she recognized a compelling need to inform the public, as she felt the need to build public opinion favorable to the passage of a nursing bill, the nurse would have found time, even in her over-crowded life, to assume this task also. It is only now, a phase in the process of evolution, that nursing is feeling this compulsion and is beginning to recognize the need to tell its story to the public, and of the right of that public to be told the story.

Attitude of the Public

THE attitude of the public toward nursing always has been one of respect and esteem. From the time when nursing was a function of the religious orders only, to the days of Florence Nightingale and so to our own time, nursing has held a place of high honor in the popular mind. Either the public has symbolized

nursing, however, or it has formed its judgment upon those isolated cases with which it has come in contact. The public has rated nursing by the achievements of the individual nurse.

To the public, nursing has meant devotion to duty, bravery, gentleness. The uniformed figure holding a soothing draught to fevered lips is a familiar picture.

Sentimentality vs. Appreciation

THE public attitude toward nursing, then, is largely a sentimental one based upon a grateful recollection of skilled nursing care or upon the popular portrayals of nursing inherited, no doubt, from the earliest days of nursing and cherished through the years. Yet even this attitude is largely latent, buried under a multiplicity of positive interests making their demands on popular attention. The attitude toward nursing on the part of the public is, by and large, one of complete indifference.

There is danger in this apathy. So long as nursing remained the relatively simple set of technics it was a quarter of a century ago, it was understandable to the public without explanation. A woman to go into a home to care for an ill member of the family, to live in that home and nurse the patient until he is better—that, says the public, is nursing. What is all this, asks the layman, about college education for nurses? What's the purpose of that? Won't a nurse do just as good work without going to college? What about this six or seven or eight dollars a day? Nurses seem to keep charging more and putting in less time.

Where There Is Lack of Understanding

PEOPLE doubt what they do not understand. And there is ample opportunity at present for misunderstanding on the part of the public. Almost nothing has been told about the rapidly changing and growing profession so that the popular concept of nursing does not vary from that of a score of years ago. In other words, nursing has progressed with great rapidity and the public's attitude toward nursing has remained static, a vaguely sentimental respect for nurses, based, probably, upon personal experience in illness, an attitude alternating with one of apathetic indifference or with irritation over the size of a bill for nursing care.

Part of Professional Evolution

THE need to disseminate information about nursing is a relatively recent professional need, however, developed as the profession has evolved, and intensified in importance because of the emphasis placed in all phases of modern living on the value of *telling the story*. There is no necessity to alter the fundamental attitude of the public toward nursing, that cherished picture of woman ministering to suffering humanity. That is the essential picture of nursing, fundamental always, the tender, secret picture which the nurse holds within herself as her ideal.

But nursing has changed, or is changing, into a complex and scientific profession which is not understood by the public because the public has not been told. As part, then, of the growth of nursing, as a logical task and an imperative need, there is now facing the profession the desirability of opening the book of nursing for the public to read.

The Public's Right To Be Told

FROM the standpoint of the public, the right to know about nursing is as imperative as the feasibility on the part of the profession of telling the

public. The consumer of nursing, the public, has a right to know such facts about the profession as relate themselves to him. This right is based upon the facts that (1) the public is the purchaser of nursing service; (2) the public supports nursing education; and (3) from the public comes the supply of nurses.

The potential patient has the right to know, for instance, that the registry whence he will call a nurse, will furnish him only with a qualified member of the profession. He has the right to know of the various types of nursing care available, so that he can employ that service best adapted to his needs.

He should be aware, most certainly, of the nursing facilities of his local hospital. Would he receive graduate or undergraduate service? Is the training school accredited? Is it sufficiently high in its educational standards so that he would send his daughter there to enter training? Are the entrance requirements for the schools sufficiently high to afford protection against undesirable applicants? What about the nursing law in his state?

An explanation of the seeming high cost of nursing is the right of Mr. Man. Then he will meet nursing half way in its efforts to lower the cost. For such facts regarding his local nursing assets will tend to interest him in information concerning the nursing profession as a whole. And it must be borne in mind that if the public, for its own protection, needs to know certain facts about nursing as they are related to him, the nursing profession is increasingly in need of the intelligent interest of the public—in promoting adequate laws, in developing advanced educational facilities, in coöperating in the promotion of new forms of nursing service such as may be of advantage equally to public and nurse.

The Public Must Be Told

BUT Mr. Man has to be told. While there exists a minority which ferrets out facts for itself, the great mass of persons, irrespective of training or intelligence, reads what is set before it. The result is that there is something like a tacit conspiracy today among almost all kinds of enterprise—commercial or professional (except nursing!) to seek the interest of the public through the written and spoken word.

The public is receptive. It is willing to be told matters of interest to itself. It is quite willing to judge favorably what it is told, or even to accept what it is told without the effort of analysis. But it must be fed its information in the simplest manner. It must be able to read it in the evening paper or the current popular magazine or to hear it by reaching out a hand to fumble a radio dial. Every explanation, moreover, every particle of information given to the public, must be in terms of the layman's experience and need. Only so far as it is directly applicable to him, will Mr. Average Man understand and support a project.

The Interested Group

BUT there is the interested group. Every social organism contains a minority element that is sincerely interested in matters of concern outside itself. It is a cause for high hope that in this country, as probably elsewhere, this group is increasing steadily in size and scope of influence. It is the group that concerns itself with various aspects of modern life. It is the social stratum through which many changes have been effected and much work done in matters concerned with community or public welfare.

Said, in effect, a spokesman of this group the other day at a state meeting of nurses:

> The nursing and the teaching professions represent together a larger body of women than the total number of members of men's professions. We know about teachers, their objectives, their problems. But we know nothing of you nurses. Isn't it time to tell us about yourselves?

The Time To Speak Has Come

IT is a challenge to which the answer is: "Yes, the time has come to speak. We nurses were rightly silent in years gone by. There were other needs more imperative than public information. But now we are growing up and we are ready to come before you with our story."

It is more than right that it should be so. Nursing exists primarily for the public. It is the patient of whom the individual nurse is thinking as she does her work. It is the public need and the professional responsibility to answer that need which has brought nursing to its present professional development.

The public has the right to know about nursing of which it is the potential purchaser, and nursing is recognising more and more that it is impossible for a great profession of healing to live unto itself. There is a time to keep silence and a time to speak. Nursing has put behind it its period of reticence when it was growing gradually from a respectable occupation for women to a highly scientific vocation with increasing professional status. Now it is ready to tell its story to the world. What is that story to be?

This is the first of six articles on Public Information by Miss McCormick. The other subjects will be:

- **II. Public Information: What It Is and Who Is Responsible.**
- **III. Newspapers and Magazines.**
- **IV. Other Publicity Media.**
- **V. Information Concerning Community Nursing Assets.**
- **VI. The Task of the Individual Nurse.**

Miami's Memorial[1]

ON Armistice Day two figures in a group of four which will complete a Memorial Shaft in honor of America's World War dead, and representing the Army, the Navy, the Marine Corps, and the Army Nurse Corps, were unveiled in Woodlawn Park Cemetery, Miami, Florida.

When completed, the Memorial will be the result of six years' effort on the part of the Harvey W. Seeds Post No. 29 of the American Legion. It stands in a plot of 200 graves, maintained by the Post, and paid for by the County for the "burial of indigent veterans" not necessarily Legion members. Kathleen Kanester Perigo, a member of the Post and of the municipal nursing staff of Miami, posed for the lovely figure of the nurse which is the work of R. P. Golde, of Miami. Miss Perigo is a graduate of the Grady Hospital School of Nursing (Atlanta) and served at Fort Sam Houston during the World War.

The shaft was dedicated on Memorial Day, 1924; the two bronze tablets, on Memorial Day, 1929; and it is expected that the two figures necessary to complete the work will be unveiled and dedicated on Armistice Day, 1930.

[1] See Frontispiece.

The Epileptic Psychosis

LEGRAND A. DAMON, M.D.

THE mysterious disease known as epilepsy, with its cardinal symptoms of convulsions and loss of consciousness, is followed by a variety of mental disturbances, some permanent and others of only a transient character. It seems to make little or no difference whether the individual suffers from the mild or the severer type of convulsions, sooner or later he will show deterioration of the intellect, or the periodic occurrence of graver forms of insanity. Nevertheless, it may be stated as a general rule that the earlier the disease comes on, the greater the liability to mental deterioration and the more rapid the failure, while in those persons in whom the attacks begin in later years of life, the deteriorating process is much slower, owing to the stability of the nerve tracks acquired in infancy and youth.

Epileptics who have had fits for years show a dimming of the reasoning faculties, defects of memory, alternations of character, a sinking to a lower plane of intelligence, and above all a tendency to impulsiveness and irritability. To this rule there are but infrequent exceptions. In many instances of the disease the epileptic is irritable even to violence, unmanageable, careless of the feelings of his family and friends, and is among the most difficult of mental cases to handle.

As a general rule it may be stated that the more frequent the seisures, the more rapid the mental deterioration. There are, however, cases who have a great many attacks and who hold up mentally in a surprising manner in spite of the frequent assaults on the nervous system; again, there are cases with very infrequent seisures who deteriorate with great rapidity.

The psychic type of epilepsy, or masked epilepsy as it is called, in which the fit is unaccompanied by tonic or clonic spasm, but consists solely in the transient loss of consciousness, is not free from forms of mental disturbance. Not infrequently, some of the most severe phases of mania are the direct sequelae of a transient loss of consciousness without spasm. A large proportion of cases of sudden maniacal excitement, of a violent impulsive character, but of short duration, lasting only a few hours or a day, are nothing more than instances of such masked epilepsy followed by a blind, furious excitement. Masked epilepsy is of interest from a medicolegal standpoint, since such patients are prone to impulsive acts of violence and automatic states, in which the most complicated but entirely unconscious actions and crimes may be carried out without premeditation on the part of the sufferer and being out of all accord with his character during the intervals between attacks.

The mental symptoms vary greatly in the several cases, but there are certain striking features that are common to the majority of them. All epileptics, no matter how mild and peaceful their usual disposition, show some irritability either before or after their attacks. Delusions may be present at these periods when at other times there is no sign of grave mental defect. Besides the irritability, impulsiveness is an equally characteristic feature. No form of insanity more frequently gives rise to assaults and murder than does epilepsy. Religious emotionalism is another strange feature of epilepsy. No class of patients shows such perversion of the religious instincts as does the

epileptic. He carries his Bible under his arm, recites innumerable passages from the Scriptures, mainly applied to his own aims, sings Psalms, is hyper-critical and fault-finding with his associates and fellow patients, but while one moment he is quoting the most peace-inspiring passages from the Book, the next he is ready to assault some one who has annoyed or irritated him.

Delusions occur in a number of patients subject to excitement and present a great variety of forms. They are often of persecutory nature; at other times they are harassed by the appearance of Satan, of demons and other unusual forms. Hallucinations of sight and hearing are infrequent.

Unfounded aversions, especially towards friends and attendants, are common among epileptics and tales of woe and ill treatment are poured into the ears of strangers. This reaction may be due in part to the egotism of the epileptic who takes this means of drawing attention to himself. Anger may pass into uncontrollable mania; homicidal acts, characterized by blind, unreasoning violence, may be committed. No class of patients can more skilfully conceal their wrong-doing than the epileptic, and it is oftentimes impossible to decide whether the assault has been committed with full consciousness or in a [illegible] but blind epileptic fury. The epileptic is quite aware of his immunity from punishment for deeds done during his automatic states and is [illegible] to use it as a cloak to protect himself [illegible] the act has been deliberately committed.

[illegible] shows, after a lapse of [illegible] slowly progressive dim[illegible] [illegible], a loss of memory, a [illegible], a permanent [illegible] which increases [illegible] until, if the patient lives long enough, there is more or less absolute annihilation of all the faculties. Throughout the course of this progressive enfeeblement there are no signs of any active insanity; only an increasing blotting out of the intellect is to be noted. The terminal stage of epileptic dementia differs from that of other insanities only in the presence of fits. The face assumes a characteristic, apathetic, motionless look. The lips and eyelids are puffed and the skin is coarse. The mental activity now is absolutely annihilated and the subject, incapable of thought or even of associated action, is reduced to a purely animal existence.

A very remarkable phase of the disease, in some cases of epilepsy, is the automatism occurring after the fit. Patients will go through the most complicated acts while in a state of unconsciousness. One noted case is that of a London cabman who drove through the most crowded portions of the city in a state of unconsciousness without accident and entirely without remembrance of what he had done. A former patient at the Craig Colony, while in an automatic state, grabbed a United States mailbag from a passing truck and carried it several blocks before he was captured. Upon regaining consciousness he was quite shocked at the nature of his act. Another patient, wandering about after a seizure, entered the cellar of a cottage on the Craig Colony, went up through the first floor to the second, donned some ladies' wearing apparel, left the cottage as he had entered it, and walked into the supervisor's office in another building. Upon coming to himself he was very much embarrassed and had no knowledge of where he had obtained the clothes.

Attacks of insanity in the epileptic are characterized by their sudden onset and short duration, a few hours or

days. They are frequently spoken of as confused or disturbed periods. Mental confusion and the burden of great anxiety are shown in the expressions of the face. Harassed by fearful uncertainty, he wanders hither and thither restlessly and without purpose. Under the influence of fear, in the clouded mental condition arise delusions of impending danger which result in brutal attacks upon attendants, destruction of furniture and frenzied conduct. He becomes totally uncontrollable and dangerous to the last degree. In the wildest frenzy he rushes against his imaginary persecutors, heedless of the harm which he may cause himself or those around him. We often see a disturbed patient fighting madly with several people who are trying to restrain him who will, upon being suddenly released, become quite passive. In his clouded state of mind he has misinterpreted their efforts to prevent him from doing damage and believes that they are going to do him bodily injury. In some cases the mental confusion may take the form of a deep stupor; the subject remains motionless and mute, is roused with difficulty, and does not recognize persons or surroundings. These periods may last from a few hours to a few days.

Epileptics occasionally have attacks of insanity of a more protracted nature, but resembling in every other respect the above-described forms. They are characterized by sudden outbreaks of overwhelming anxiety, frightful hallucinations, prolonged disturbance of consciousness, a tendency to blind, impulsive fury, with intervals of stuporous conditions. Complete return to lucidity does not take place until the end of the attack, which may last over weeks and months before the patient eventually returns to consciousness after a stuporous phase.

In conclusion it should be remembered that we have three distinct mental states to consider: First, the epileptic personality which is present in a great majority of cases and which is to be reckoned with at all times even during the period between seizures and the periods of automatism. This personality is characterized by egotism, supersensitiveness, unsociableness and emotional poverty. Second, epileptic dementia which is the end result of mental deterioration and which sooner or later takes place in the epileptic. Third, the acute epileptic insanity, better known as epileptic confusion and disturbed period, which is a temporary affair occurring in some cases.

The Adelaide Nutting-Lavinia Dock Prize

THE response to the offer of this prize has been immediate and shows that much interest has been aroused. Everyone will be glad to know that the contest is open to nurses from all countries, since this will make the competition keener and the level of achievement will undoubtedly be higher than in a purely national contest.

The Committee hopes that many of the essays entered, whether prize winners or not, may be worthy of publication and may contribute material of permanent value for students of nursing history in all countries. In this connection it may not be out of place to suggest that the subjects chosen should be of more than local interest and that the contestants should aim at a standard of historical writing which will do honor to the two pioneer writers for whom the prize is named. While beginners are not excluded from the contest, it may save some disappointment later if it is frankly stated that only a good background of historical knowledge and some training in historical writing are presupposed in such a contest.

How One Registry Handles Its Work

The Nurses' Official Registry of Minneapolis

MARY MARGARET MUCKLEY, R.N.

[The comprehensive study of registries now being made by the American Nurses' Association will undoubtedly culminate in a set of minimum standards, with suggestions for equipment. In the meantime, the methods of some of the better registries offer much food for thought.—EDITOR.]

CREDIT unmeasured is due the nurses who pioneered in the organizing of an association for nurses in Minneapolis, and to those who, during its life, have given their best through holding office, serving on committees or being the workers who started and carried on its Registry activities. Only through continuous and intelligent effort, such as these women have given, is it possible to arrive at the goal.

Previously, the work of the Registry was done entirely apart from the association work; this caused the work to be somewhat loosely connected in places when it should have been more closely woven. July 1, 1925, the association voted to have the Registrar act as Executive Secretary, also,

and the Registry offices were made the executive offices of the association. This centralized all routine work of the association; it abolished duplication of effort, and made possible the opportunity to develop various branches of work in connection with Registry operations. This association had a membership of 1088, in 1928. It reaches out in the private duty field, hospitals, all branches of public health, doctors' and dentists' offices, department stores, and industries. The Official Registry is its largest activity, and, in addition to it, the association provides a placement service and an hourly nursing service.

A registered nurse is in charge of the work of the executive offices and is responsible to the Board of Directors. Each activity has a committee which works with the nurse in charge for the promotion and advancement of the activity. The nurse in charge, for want of a better title, is called the Executive Secretary. Working with her are three assistants, a stenographer, and the hourly nurse.

The hours of duty are arranged to give continuous telephone service. The Executive Secretary's hours cannot be made regular, since many times during even one week, the work takes her out of the office for a few hours at a time, or for an evening. By virtue of her position, she is a member of the Administration Board of the Hennepin County Public Health Association, a delegate member of the Municipal Civic and Commerce Association, and she serves as the association's representative on the Local Committee of the tuberculosis Christmas seal sale. In addition to these, it is her duty to represent the Nurses' Association at such times and places as conditions and situations demand. One assistant comes on duty at 2 p.m. and is on until 10 p.m. with one hour off duty at the end of the afternoon. At 10 p.m., another assistant comes on duty and remains until 8.30 a.m., with the privilege of sleeping when work permits. These two assistants do telephone work almost entirely. The other assistant, the one in charge of the office in the absence of the Executive Secretary, comes on duty at 8.30 a.m. She takes care of the telephone work until 2 p.m., and during the remainder of the day she takes care of much of the detail work, such as making the statistical count, keeping up to date the membership lists of District and Registry, and such other tasks as present themselves. The stenographer, obviously, takes care of the clerical work. The Executive Secretary and her assistants share equally in the hours on duty for Sundays and holidays.

The Nurses' Official Registry is, and has been from the time of its birth, twenty-five years ago, owned, operated and maintained by the Registered Nurses' Association of Minneapolis. This association, because of changes in state and national organization, has had to change its name, but the Registry continued to remain an activity of the Nurses' Association. At the present time the offices are located at the Curtis Hotel. However, a new and larger location has been selected which will make it possible to widen the services to, and the privileges of, the members, through a headquarters of sufficient size.

The registry system which was used formerly by our organization was created by a former registrar and served the purpose admirably well while the membership was below six hundred. Two bulletin boards, such as are seen in Fig. 2, were used, each having space for eighty cards, or tickets, six inches wide and three inches long. Each school had a different

FIG. 2

color, and nurses registering in for work were put on call with their hospital group. The card contained the name in the center; the address on the lower left corner; telephone number in lower right corner; and on the upper left corner were put, in abbreviation, the cases the nurse registered against. When the nurse was a graduate from a school outside of our District, the name of her school was put in the upper right-hand corner. The cards of nurses who were not on call were kept in a container, made for the purpose, in alphabetical groups. Nurses seem to move quite often, and it was therefore necessary to replace cards from time to time, for they became crowded with addresses and telephone numbers. When the membership grew and our daily average on call increased, it was necessary to adopt a system which had more space for fluctuation.

The Nurses' Official Registry is under the direction of a Registry Committee. The chairman of this committee is a member of the board. There are fifteen members on this committee in addition to the chairman, fourteen representing alumnae associations, and one representing individual members. This is done in order to make it possible for every alumnae association in this District to keep in touch with registry move-

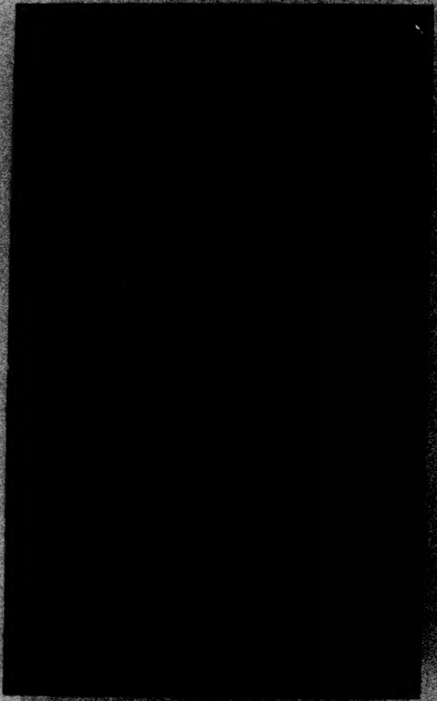

Fig. 2.—The [illegible] signals. Unfortunately all photographs did not photograph clearly. On the left side, the signals are used to indicate the following: Green, nurse on call; pink, registry dues not paid; yellow, District dues not paid. These signals are one-half inch in width. On the right side, the signals are one-fourth inch in width and are used to indicate the following: Burnt orange, types of cases nurse will not take; blue, types of cases nurses prefer.

ments through the reports brought to it from its representative on the committee. This committee meets the first Monday of every month, and to it are brought suggestions for future development of the Registry; irregularities which may not be covered by Registry regulations are brought to it for decision; complaints of the Registry or its members are given to the committee for decision. The actions taken by the committee are presented to the Board of Directors for approval and, through the board, to the General Assembly for adoption or rejection.

Excellent coöperation exists between the Official Registry and all hospitals in Minneapolis. Hospitals, when calling a nurse for private duty, call her through the Registry, and when hospitals receive calls for a nurse in a home or out of the city, the call is transferred to the Registry. The public health nurses lend a hand, when occasion arises, for coöperation or understanding. The Medical Society, too, is making an effort to understand the nurses' problems and to give helpful assistance, and many influential lay persons are deeply interested.

Eight hundred and eighty-seven registered nurses who were doing private duty in Minneapolis, in 1928, were members of the Nurses' Official Registry. On this list of members may be found names of nurses who have graduated from nursing schools of many states in the Union.

A Kardex-Rand file (See Fig. 1) is used for Registry operations. Two chests, twelve slides each, rest upon a table built for this purpose, with large rubber-tired castors, thus making it possible to move it about easily. The original cost of this equipment seemed large to some of the members, but the efficient way in which this operates, the information which can be kept close at hand, and the rapidity with which the work can be done, more than justify the investment, and the upkeep is not heavy. When looking for a system for Registry operations, this seemed the most easily adaptable, economical and efficient. The names are placed in the file alphabetically, in the hospital group of which the nurse is a graduate (This refers to graduates of nursing schools in Minneapolis) and each group has from one to three

slides. Four slides are reserved for what is called the "General Registry Group." This group is made up of members who are graduates of nursing schools outside of Minneapolis. To this group are added the nurses who are graduates of Minneapolis schools who do not wish to do nursing in hospitals. The operating of this system is done through the use of signals in the file and a desk unit which serves as a cross index.

Each slide contains fifty-two pockets. The names are contained in these pockets and are placed alphabetically in the slide. (See Fig: 3.) On the top of the pocket is inserted a work card which provides for information regarding the cases the nurse is sent on. At the foot of this same card is provided space for her name, address and telephone number. The types of cases for which nurses are called appear on the same line, in abbreviation, and permit the use of celluloid signals, of different colors, to indicate such cases as the nurse will not take or the kind she prefers, and whether she is on call or in arrears with her dues. This card is 5 x 8, and is printed the same on both sides.

In the reverse side of the pocket is inserted a personal history card, 4 x 6, which contains the necessary information concerning each member, to which reference may be made frequently. A revision of this card is under consideration.

The desk unit (See Fig. 4) is the size of a slide in the chest, and contains 20 pockets, 8 x 10. One pocket is given over to each alumnae group and one to the names on the general registry. Upon sheets of paper, ruled like these pockets, are written the date and name of each nurse as she registers in for duty. In the pockets at the foot of the unit is put information which must be referred to in the

Fig. 4.—Explanation of code used:

A line drawn through name indicates nurse has been sent out, as in first and tenth name.

Figures on the left side—date nurse registered on call.

Figures on the right side—date nurse has registered in from a case which was less than 48 hours (Nurses are entitled to their numbers back but once. Should one be called for a case which again lasted only 48 hours, she must go to the end of the list.)

1 p.m. means out until that time that day.

(Ill 10 A. 4/5) date sick leave expires (Nurses are entitled to 48 hours sick leave.).

(No no.) no 12 hour night duty.

(12) twelfth on call for that hospital. This saves counting each time.

Mid. out till midnight on that day.

DAILY RECORD

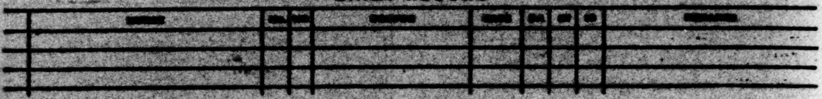

FIG. 5

course of the day's work, such as bus and train time, telephone numbers of officers, organizations, institutions and the like.

A daily record (See Fig. 5) of all nurses sent out is kept in a pocket of the desk unit. This record calls for the same information as the work card and, in addition to that, the hour the nurse was sent out and her number when called. This record is 8 x 10 and is kept on file for seven years, in a space provided for it in the general filing system of the office.

From the daily record, monthly statistical reports (See Fig. 6) are made up. The monthly report is divided into three parts:

1. An analysis of hospital calls—Miscellaneous.
2. An analysis of cases in hospitals and homes, in and out of the city.
3. An analysis of medical, pediatric and contagious cases.

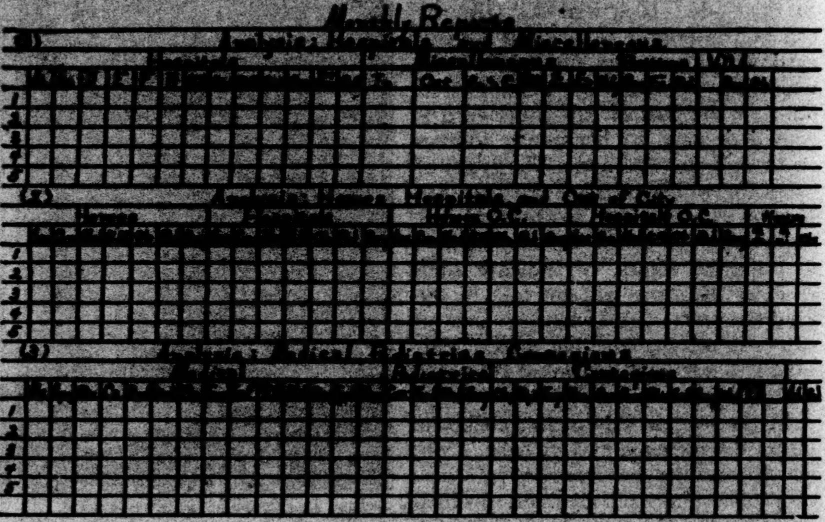

FIG. 6

You will note, under No. 1, a provision for visiting-nurse calls, at the extreme right. The Visiting Nurse Association of Minneapolis maintains a delivery service, and the Registry

RECORD OF VISITING NURSE CALLS

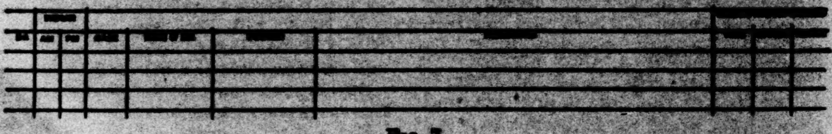

FIG. 7

clears the calls on Sundays, holidays and at night. For this purpose, a record sheet is also provided. (See Fig. 7.) This record sheet is 8 x 10 and calls for the necessary information in handling and transferring the visiting-nurse calls.

A daily statistical record, from which a monthly account of work done can be kept, makes it possible to give a vivid picture of the year's work. The following figures will speak out quite plainly the year's work for 1928.

REPORT OF CLASSIFIED CALLS,
JANUARY 1 TO DECEMBER 31, 1928

Hospital:		
Medical	2,055	
Surgical	6,992	
Obstetrical	411	
Pediatric	519	
Contagious	185	
Accident	208	
		10,370
Home:		
Medical	1,225	
Surgical	26	
Obstetrical	72	
Pediatric	449	
Contagious	87	
Accident	18	
		1,877
Out of city:		
Hospital	196	
Home	201	
		397
Total number of calls during year		12,644
Daily average of nurses on call during the year		95
Daily average of nurses sent out during year		30
Daily average of nurses registering in during year		39
Nurses registering out privately during year		1,322
Number of calls cancelled during year		208
Positions filled during the year. (These positions range from general duty to hospital superintendent.)		79
Calls cleared for the Visiting Nurses' Association:		
General calls	306	
Obstetric calls	338	
		644

The records also show the number of nurses called for special duty, by hospitals, each month during the year 1928.

The table on page 18 shows the number of District members, the number who are also Registry members, and the kind of duty they register against.

Nurses desiring to be members of the Registry must also be members of the District Association. Therefore, the District membership slip is in two parts; one part for District membership, and the other for Registry membership. (See Fig. 8.) These are 8 x 3½ and fit into the Kalamazoo Visible Record Binder, alphabetically. When the need arises to verify a membership, it can be done with a minimum amount of time and effort.

Due to the interesting facts brought out by the Grading Committee, the committee in charge of the Official Registry in Minneapolis thought it would be interesting to know the educational background of its members in addition to their nursing education. A new type of application blank was adopted, and every member, new or renewing, was asked to fill out a blank. Thus far, 618 have returned the blanks filled out. From these, the interesting figures on page 19 were gathered:

Perhaps in no place, except a telephone exchange office, itself, are telephones so busy as in a Registry office. They are not only busy with calls coming in for nurses, but calls put in by nurses, for one reason or another, keep the lines in use almost constantly. It came to the attention of the Registry Committee Chairman that members were calling in, very frequently, asking what number they were, on call. The chairman discussed this with the committee, and action was taken to give the nurse, when she registers in for duty, the

number she is on call, to give her some idea of how busy nurses are, and not to give out numbers thereafter. The members have coöperated excellently in this, and it has made a big difference in the tie-up of telephone lines. The Registry members are encouraged to visit the Registry office and acquaint themselves with its work, to learn how it operates, to gain an understanding of what is demanded of it, and how much it has to give its members.

Hospital	District members	Registry members	No. out city	No. homes	No. day	No. night	No. 19-hr.
Abbott	51	57	7	3	..	4	3
Asbury	76	56	7	7	..	7	6
Deaconess	53	48	7	..	..	3	1
Eitel	55	54	6	2	..	5	2
Fairview	64	55	5	9	..	3	..
Hillcrest	31	28	..	..	..	1	..
General and University	130	71	7	6	2	1	5
Northwestern	96	75	10	12	2	13	6
St. Andrew's	18	14	2	1	..	..	..
St. Barnabas	78	63	2	7	2	7	7
St. Mary's	100	108	6	5	1	3	3
Swedish	135	131	14	14	3	20	10
Individual	192	127	45	2	2	12	12
	1,088	882	118	68	12	79	55

In 1927 Registry membership reached 753
Number of members dropped out 416
New members taken in 299
Showing a loss of 117 members.
In 1928 the Registry membership reached 882
Number of members dropped out 262
New members taken in 349
Showing a gain of 87 members.

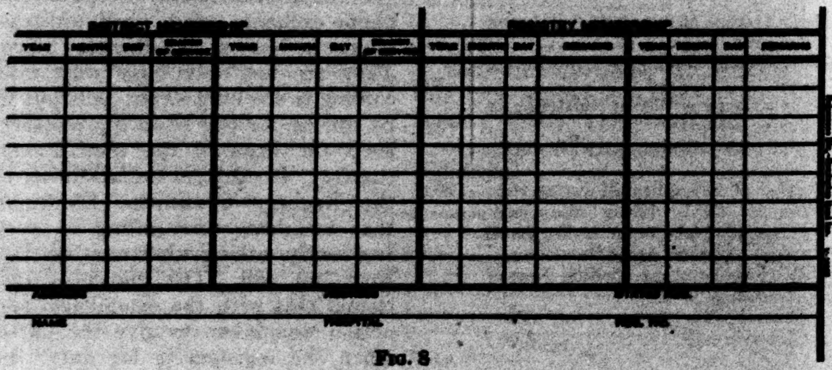

Fig. 8

Those who have availed themselves of this information have helped a great deal in bringing about a better understanding within and without the profession.

The fiscal year is the calendar year. The dues are $10 for Registry and $4 for district, state and national dues. In addition to this, every member is asked to contribute $1 per year toward the Nurses' Relief Fund. The Registry dues are paid directly to the executive office of the District. The individual District members pay their district, state and national dues there, also. Alumnae District members pay district, state and national dues to their alumnae treasurer and she, in turn, sends the dues on to the executive office of the District.

The regulations laid down by the Association for its Registry members are much the same as the regulations that govern other registries. The committee, when formulating them, did its best not to be unnecessarily hard. While it is quite impossible to make each regulation applicable to all conditions, each member is expected to use her better judgment in the application of such rules in unusual situations. The Registry members have been coöperative in the execution of regulations in every respect. When once told why such a regulation is necessary, their support was immediately received.

The nurses of Minneapolis have every right to be well pleased with their association and their Official Registry, its physical and spiritual self, for they have all helped to make it what it is, nor will they stop at things as they now have them. The Board of Directors and the standing committees are ever watchful of what the present demands and what the future may need for both nurse and patient.

Education	8th Grade	1 yr. H. S.	2 yrs. H. S.	3 yrs. H. S.	4 yrs. H. S.	6 mos. or more college	College graduate
Registry members graduated prior to 1926	23	14	18	18	133	20	2
Registry members graduated in 1926	3	2	2	2	45	8	..
Registry members graduated in 1927	3	2	1	5	66	12	1
Registry members graduated in 1928	..	1	6	2	129	11	..
Registry members graduated in 1929	..	1	2	2	76	7	1
Total..............................	29	20	29	29	449	58	4

(During the last sessions of the Minnesota Legislature, a revision was made to the law governing the registration of nurses. This revision requires one year high school now, and two years high school after 1932.)

A Discussion of Two Representative Cases from the Wards of a Neurological Hospital

LELIN B. TOWNSEND, R.N.

THE consideration of cases such as these, chosen at random, serves to bring out two points: one, that the development of new conditions from time to time brings up new problems in nursing; and the other, that the care of the patient carries a double responsibility, for it necessitates the care of the mind and the body at the same time.

I. Post-epidemic Encephalitis

THE first case is a typical example of post-epidemic encephalitis. The present large and continually increasing number of these patients and the possibility, to a certain extent, of preventing the development of the usual results, or even of partially reclaiming the patient after the symptoms have become apparent, makes it worth while for the nurse to consider this condition and its treatment.

The medical treatment of the chronic or post-epidemic encephalitic patient is still a matter of conjecture. Certain drugs are used to alleviate some of the symptoms and investigations are now under way which, it is hoped, will result in an established cure; but in the meantime, there is much which can be done for the patient by good nursing.

Mr. G. had epidemic encephalitis nine years ago. Two years later he noticed a tremor involving his right arm, his jaws and his tongue. This grew progressively worse until, upon his admission to the hospital, it had involved the entire body. For the last two years the tremor of his tongue had been so pronounced that he could hardly be understood at all, and his salivary secretion so increased that he drooled continually. All his movements were slowed up because intermittent spasms of various groups of muscles were continually taking place. His body was rigid, the trunk flexed, arms akimbo and fingers clasped together. He rose very slowly from his chair with great unsteadiness and many jerkings not only of the extremities but of the whole body. The spasms involved the muscles of the throat, so that he swallowed poorly and choked very easily. He complained of a feeling of tension and was as restless as a patient so retarded could be. It was necessary for him to move and shift about very often because the maintenance of one position for any length of time resulted in the rigidity which was so uncomfortable for him and intensified the feeling of tension which he had.

The mental condition of these patients varies. In children, there is nearly always a behavior disturbance; in adults, there is sometimes a retardation, with the development of an irritability, perversity and obstinacy, and sometimes a retardation combined with only a dogged persistence.

Mr. G. was of this latter type. He was in poor condition, physically, because of the difficulty he had in swallowing food, so his nursing treatment was planned to include a high caloric soft and liquid diet, with forced fluids between meals. He was ordered to have general massage daily, the usual doses of hyoscine to control his salivary secretions and reduce his muscular activity, and the routine administration of one of the preparations now being used in the treatment of these cases.

He was admitted directly to the ward but reacted poorly, as these patients usually do, in a group. He was unable to feed himself and had to be helped to change position almost every time he moved. It is always better in a case of this sort to isolate the patients since they perform any act more easily when not observed by others. For the first two weeks he was fed by a nurse. At home he had been trying to eat solid food, but the fear of choking was so great that he sometimes went hungry rather than attempt to eat. The liquid diet was easier for him to swallow. As his self-confidence returned, he took soft foods with his liquids and soon began to gain in weight. If the nurse left the room he fed himself. It took him a long time to eat a meal, but he was supervised and helped when necessary and was given all the time he needed, so that he made favorable progress. At home he had not been able to feed himself for nearly a year.

His elimination was watched carefully. He was never scolded for his clumsiness or his slow responses. He was encouraged to do things for himself instead of being discouraged because of the extraordinary length of time it took him to accomplish even the simplest tasks. The massage and daily tub bath toned up his musculature generally and relaxed him somewhat, at the time, at least. His mental attitude improved wonderfully under this régime. There is a large psychic element in many of these cases, though a proportionate lowering of the morale frequently occurs in any case of illness where there is the same amount of disability.

After a six weeks' stay in the hospital he got out of bed alone. He could walk short distances; he could feed himself; he had gained in weight and was so much more confident and cheerful that he sought the society of the other patients and even played an occasional game of checkers with some tolerant friend on the ward.

The nurses taught Mr. G. independence and gave him a new outlook on life. They helped to bring his physical condition up to the mark by good general nursing care. This patient never will be well again, but he has been rescued from the vegetative existence that his family was allowing him to fall into. Nursing success should not be measured so much in terms of cures, as of relative results, and no type of case illustrates it more than this.

II. Psychoneurosis

THE second case is one of psychoneurosis with a compulsive tendency. When this patient was admitted to the hospital, there seemed a possibility that he might have some organic neurological findings and he was considered an organic case until the diagnosis was definitely established. It was apparent from the time of admission, however, that a considerable functional element entered into the case, and the treatment began with this in mind.

Mr. M. was a man thirty-four years of age, admitted to the hospital with a twitching of the left arm and shoulder, peculiar grimacing and a flexion of neck and body. He came in carrying his own bag and a cane the handle of which he continually held to his chin and lips. His speech was apparently normal and he seemed quite able to walk and carry his bag except for the awkwardness caused by his twitching arm and shoulder.

On the ward, he refused to give up his cane, day or night. There was an irritated area on his chin from the constant pressure and rubbing. He was frequently found bent double over his

bedside table or chair, and very often he would remain for a long time on his hands and knees across his bed. It was necessary to move him to a private room because of the other patients and for psychotherapeutic reasons.

His physical examination was negative except for a lack of muscle tone and slight atrophy in the muscles of the left arm. According to his history his childhood had been normal. As a boy, he seemed to have been shy but not seclusive. He had been married quite young and very happily. All his working life he had spent with the same firm, rising from bookkeeper to assistant manager. When he became assistant manager, he was forced to work very closely with a manager who was diametrically opposed to him in manner and character.

The patient, quiet, reserved, fond of books and of music, disliked his superior because the latter was domineering, loud-voiced, and critical. As a result there was considerable friction and always the patient felt inferior and imposed upon. This condition existed for eight years. At first the patient only grimaced when he thought of the situation or when some crisis arose. Later, he began to adduct his left arm occasionally, and finally he resorted to keeping it flexed and across his chest for long periods. The grimaces had become habitual twitchings by this time and the arm twitched also. After about five years, his symptoms became more progressive and he went to doctors for help. He had courses of massage at intervals, with good effect, and was once admitted to a hospital from which he returned home at the end of six weeks free from his symptoms. These returned, however, thirty-six hours after his discharge, and during the six months preceding his admission they had grown progressively worse.

His physical examination proved negative, neurologically, but there remained the task of finding the cause for the functional manifestations. After he had been seen a number of times by the psychiatrist there seemed no doubt as to the origin of the difficulty in the constant friction with his superior. He had refused to meet the situation squarely; he had retreated behind the sympathy of his wife and his sister each time there had been an episode which had left him worsted.

The doctor, having determined the cause, set about the treatment, and in this the nurse played a very valuable part. The first step in any condition of this sort consists in gaining the patient's complete confidence. This had already been done by the time the diagnosis was fully established. All the nurses on the floor treated him as if he were a normally conducted individual, and in his periods of extreme restlessness they showed no surprise nor did they remonstrate with him. They carried out the usual hospital routine just as they did with all the other patients. They gave him the same personal responsibilities that were delegated to all other up patients. The doctor told him, when the time was favorable, just what he hoped for, and the patient agreed to face the situation with the help of the doctor and the nurses. He tried for days before he could dispense with his cane. He found, however, that each time he relinquished it he could do without it for a longer time. Then the nurse made it a point to walk with him numerous times each day, when she carried the stick. Finally, after many days, he was able to walk without it entirely.

The doctor wanted him to begin to play the piano as soon as possible. At first he displayed no interest in any conversation regarding the subject,

but the nurse was patient and, after many attempts, did gain his interest. Shortly after, she had him spending regular periods at the piano, first with no audience, and later for the entertainment of others. He had once composed a few songs, and now that he had time and encouragement, easily fell into the habit of writing again. The results were gratifying.

Soon after admission he had been ordered daily massage and exercises. His coöperation had been poor then, but he improved as the days went by. Daily baths of a tonic character were added to his routine after the first week, and he was asked to go to the occupational therapy department each day for an hour. He was recommended for any manual work and was allowed to choose his own project. This is not always done, but by this time the doctor had accomplished enough with him to make this possible. He chose woodwork and made a humidor which he carved and finished beautifully.

Having determined to face all situations squarely and not to delude himself by rationalization or by retreating behind the sympathy of others, he worked honestly with the nurse to meet the small problems of hospital existence. For example, he submitted to advice regarding his preparations for going to sleep at night and took his warm bath and hot milk and crackers, though he had never done either before and was doubtful of their value so far as he was concerned. He went through his routine for the day regardless of the feelings of depression which he had some mornings. Upon admission, these days had always been days of inactivity because the depression persisted most of the day. Gradually, as he kept busy all the day, his depressions grew further apart and less pronounced. Coached by the doctor, he began to take an interest in his family affairs, an active, aggressive interest, such as the head of a household should take. Previously his wife had carried most of the responsibilities. He sometimes discussed these with the nurse, but she was careful never to let him get further than an explanation, never to reach the point where the friendly discussion became a play for sympathy. The wife and sister were very coöperative. When the doctor had explained the effect of misapplied sympathy, they strove very hard and successfully to avoid situations which, a few months before, would have called for such a demonstration.

About his work, Mr. M. was more difficult to approach. His doctor thought he should get into different work for a while, where there was more routine and less likelihood of any difficulty arising from his relations with his fellow workers. The patient did not think he should leave his old employers. He had been with them for ten years; they had advanced him from time to time; they had been very kind to him in his illness and were waiting for him to come back. The doctor insisted, feeling that an entirely new environment would be best, with none of the old associations and with no possibility of a recurrence and continuation of any former maladjustments. The patient agreed finally.

After a stay of three months, Mr. M. went home. He understood his own vulnerable points; his family understood; he had been taught to face a not impossible situation in life, and he had had three months' training to fit him for the execution of a new maneuver with a change in tactics. He was in better condition, physically, than he had been in for years, and the follow-up for the two months since his

discharge shows he has so far been successful.

The nursing care played no small part in the contribution to this man's rehabilitation. Psychotherapy, as well as medical care, is made more effective by nurses who understand the simple application of psychology, who have had some experience in applying it, and who are not too closely bound by the physical routine of nursing.

These two patients were admitted to a neurological hospital, but many such cases are found every day in the general hospital, the public health field and the private house. Each presents a definite problem and a challenge to the interested nurse. The best solution is in terms of the individual patient, whether he is one of a large group of similar patients, such as Mr. G., or whether, like Mr. M., he is obviously, from the very beginning, a case that requires special planning and management.

Industrial Nursing

ONE of the important activities of the National Organization for Public Health Nursing, reported in the December *Public Health Nurse*, is described as the Industrial Nursing Project. The National Organization for Public Health Nursing and several other national organizations are interested in the opportunities of the public health nurse in the industrial health program. Mrs. Hodgson of the staff is devoting a large part of her time to studying this question, making contacts in the field both with industrial management and industrial nurses.

In the scope of this project will be included the study of the preparation of the industrial nurse, of the content and procedure in an industrial nursing program with special reference to its relation to the whole industrial health program, of the possibilities of industrial nursing for small plants, and of the relationship of industrial nursing to various phases of the community health program, particularly of the public health nursing organizations.

A special advisory committee has been appointed for the project, as follows:

Dr. C. O. Sappington, Director of Industrial Health Division, National Safety Council, 108 East Ohio Street, Chicago, Ill.

Dr. Alice R. Hamilton, Professor in Industrial Hygiene, Harvard University, Cambridge, Mass.

Mary Eldridge, Medical Division, Industrial Relations Department, Union Carbon and Carbide Company, New York City.

Eleanor Little, Assistant Supervisor of Industrial Relations, United States Rubber Company, New Haven, Conn.

Elizabeth G. Fox, Director, Public Health Nursing Service, American Red Cross, Washington, D. C.

Dr. Kendall Emerson, Director, National Tuberculosis Association, 370 Seventh Avenue, New York.

Dr. Volney S. Cheney, Executive Secretary, American Association of Industrial Physicians and Surgeons, Chicago, Ill.

Julia A. Walz, Director of Safety and Welfare, Giant Portland Cement Company, Egypt, Pa.

Ruth C. Waterbury, *ex officio*, Chairman of Industrial Section, N. O. P. H. N.

Loan Funds and Scholarships

HAVE you ever wanted to take a postgraduate course in teaching, or anesthesia? Does your job present unexpected problems which you are not prepared to cope with? Is there a tempting new job in the offing which requires just a little more preparation than you now have? Do you know of courses where you could study out any one or all of these problems, or find out about the principles of teaching, or the giving of anesthetics? And is it lack of funds which stands in the way of your doing some of these things?

Have you been able to say to the promising young member of your staff whose thirst for more preparation for her job you have roused: "These or these or these funds are ready to help you"?

Have you lost a really desirable applicant to your school because she lacked money to provide herself with even the simple things girls need for three years, and because there was no money which she could draw on without feeling that she was accepting charity?

Is your alumnae association overflowing with energy and interest for the future of its alma mater? Does it know that a scholarship or two, each year, would help to make better teachers and supervisors, and that $250 will pay for a summer session?

Do you know how to get the most from the gifts of money which have been given your school? Do you know that there are values in loans beyond the money value, for instance that the student gets more from the loan if she pays interest? Do you know when a loan is to be preferred to a scholarship? Are you aware that there are two ways of handling a loan fund and that one of them will give the same help to several times the number of students as the other? And do you know that there are funds for education outside those handled by schools of nursing which are available to graduate nurses and sometimes to students?

The realization that these questions were perplexing many nurses through the country, and the realization, also, that not in any one place were the answers set down, led the *Journal* some time ago to make a study of the loan funds and scholarships in schools of nursing.

Since no investigation into this general subject has been as exhaustive as that carried on by the Harmon Foundation, the findings and conclusions of that organization were used as guides and standards for the *Journal* study. After making a survey of loan funds and scholarships in the United States and after four years experimentation in making loans to students in colleges affiliating with it, the Harmon Foundation states its creed:[1]

> Four years of experimentation by the Division of Student Loans leads to the conclusion that scholarships in American universities and colleges should, in most instances, be supplanted by properly administered systems for student loans. Two major results to be obtained from such action are: first, to put students, whose eventual earning power will be enhanced as a result of their education, in a self-supporting position instead of making them dependent on the semi-charitable practice of scholarships; second, to help institutions now running at a deficit to balance their budgets by charging the educated the cost of their training through the medium of deferred tuition obligations. In addition to the above it is the feeling of the Division of Student Loans that a loan system, administered in accordance with strict business practice and ethics, is a medium for practical training of undergraduates in business obligations.

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[1] *Harmon Foundation Year Book*, 1924–26, p. 43.

Doesn't this statement cast new light on the economics of the funds in question?

Some of the recommendations of the Harmon Foundation, considerably condensed, are given here because they help to bring out the significance of the facts and figures which came in as a result of the questionnaire sent out by the *Journal*.[2]

Serious consideration should be given in each case as to whether a loan responsibility will react to the best development of the student's character. The Loan Fund Committee should be composed largely of the business group of school administrators and should include the deans of men and women as well as the treasurer or bursar. Opinions and specific data should be secured to give an analysis of the student's character, the element of real leadership probably being a sound basis for determining whether or not she is a sound risk. The student's note should be expressed in such a way as to emphasise the business nature of the transaction.

A written budget is better than a spoken statement. It imposes close thinking and helps to prove need for the loan. A reasonable rate of interest would be 6 per cent per annum. This is not usurious nor does it savour of pauperising philanthropy. It should begin with the date of the loan.

A revolving fund, where both interest and principal are loaned, is shown to be more effective than a restricted fund where accumulated interest, only, is loaned. A fund of $150,000, administered as a revolving fund, served 2,988 students with average loans of $150 at 6 per cent interest, while a similar amount, handled as a restricted fund, served only 392 students with the same loans and at the same rate of interest. The obligation should be treated as in banking for there is loss of moral stamina to the student who fails to keep the obligation.

The Student Loan Information Bureau expresses its opinion on loans and scholarships as a result of a study of student-aid methods under the auspices of the Association of University and College Business Officers of the Eastern States:[3]

> A scholarship should be awarded as an honor to one who gives promise of scholastic ability.
>
> If the study undertaken has an economic value, financial assistance should be given in the form of a loan; when the training received has not this value, needed assistance should be given in the form of a scholarship or fellowship allowance at stated periods during the year.

With these recommendations at hand, the *Journal* sent questionnaires to 201 schools of nursing each of which was functioning in a hospital of more than 100 beds. This was the chief basis on which the schools were selected. One hundred and three replies were received, 27 reporting scholarships, most of which were for graduate study, and 45 reporting loan funds, mainly for student nurses. Later a second questionnaire was sent to the original 27 schools reporting scholarships and to 3 others known to be giving scholarships, making 30 in all. A second questionnaire was also sent to the 45 schools reporting loan funds, plus 5 more known to have loan funds. Seventeen replies concerning scholarships were received and 20 concerning

[2] *Student Loan Funds.* A study of student loan funds and their administration throughout the United States. Harmon Foundation Inc., 1924. pp. 18–23.

[3] *A Study of Student Loans and Their Relation to Higher Educational Finance*, prepared under the Supervision of the Student Loan Information Bureau. Harmon Monographs No. 1., p. 119.

loan funds. The summaries are based on both sets of questionnaires for both funds.

A. *Scholarships.* (Awards without obligation to repay. Most of those reported were for postgraduate study.)

1. Summary of findings:

(a) A very considerable sum of money, $19,660, was available yearly for scholarships, in 27 schools of nursing (103 reported). About two-thirds of this is for graduate study.

(b) Only about one-fourth of the amount ($4,180) represented income from invested funds ($102,300). The remaining $15,480 was accumulated each year, through gifts from hospital boards, women's auxiliary boards and interested individuals, and through such activities of alumnae associations and students as bazaars, teas and the like.

(c) Individual scholarships ranged from $50 to $1,200.

(d) Scholarship awards were based on the personal qualifications of the applicant ("general efficiency, personality and character," "highest average in theory and practice") as known to the committee selecting her, rather than upon her known ability and interest along administrative, supervisory or teaching lines.

(e) Scholarships were awarded by committees, rather than by individuals, in the majority of cases. Committees include the director of the school, with members of the faculty or of the women's board, training school committee, or alumnae. "Unfortunate experiences" were reported as being reduced, in at least one school, where the director alone had been awarding the scholarship, by making this the responsibility of a committee, instead.

(f) In cases where stipulation was made as to the college or university in which graduate work was to be done, the institutions were for the most part geographically close enough to the schools of nursing to make use of the scholarship possible.

(g) [illegible] out of seventeen schools reported that not all scholarships were used yearly. One reason given was the fact that the only courses available were at too great a distance.

(h) More than one-third of the nurses using scholarships were required to return to positions in the school granting the scholarship; while of those not required to return, about half did so.

(i) Few unfortunate experiences were reported. In some cases provision was made for the return of the scholarship if it were not used within two to five years.

2. Conclusions.

(a) Hospital and women's auxiliary boards and also many individuals have been exceedingly generous in giving funds for scholarships when they have realized the need of desirable students for financial assistance. But especially have they been generous in providing means for the further preparation of graduate nurses for administrative, supervisory, and teaching positions. It is possible that this generosity bears a direct relationship to the extent to which this need for further preparation has been interpreted to them by nurses.

(b) Alumnae associations and students have put forth much energy with great success in accumulating funds for scholarships. Their success should inspire similar groups elsewhere to undertake projects of the same sort.

(c) While it is true that scholarships would rest on a more stable basis if they were drawn from the interest on invested principal, in most cases it would entail much delay to wait until principal sums were collected. To take care of the present need for trained executives, supervisors and teachers, it seems well, therefore, to continue to use the funds at once as is now done in three-fourths of the schools reporting, and at the same time to try to build up more permanent resources.

(d) Selection of nurses to whom scholarships were awarded has been more satisfactory when made by a group rather than when made by an individual.

(e) While the personal qualifications listed are important as a basis for selecting those to whom scholarships are to be given, the most satisfactory results would seem to be gained if interest and ability in supervision, teaching, etc., were also given consideration. For instance, one nurse who wished to use her scholarship for improving herself along certain technical lines was persuaded to take a course in supervision instead.

(f) The fact that two-thirds of the holders of scholarships return to their former positions, indicates that schools giving scholarships benefit in much the same degree as do the nurses who receive them. This should be a stimulus to the raising of more funds.

(g) Since about one-third of the holders of scholarships do not return to their former positions in the schools which awarded them, it might be well to consider the possibility of extending the usefulness of a part of the funds by converting them into loans rather than scholarships.

(h) Since 7 out of 17 schools report that only part of the scholarships are used yearly and since one reason given was that the only courses available are at too great a distance, it would seem desirable:

(1) To build up postgraduate courses in various centers through the country, and

(2) That school administrators offer more encouragement to staff members to make use of available funds.

Even scholarships so small as to pay tuition for only one course are useful if opportunities for study are available near by and time is allowed for them. It is not necessary that these be purely nursing subjects. Psychology, sociology and other related subjects are important as preparation for teaching, administration, public health nursing administration and the like. When courses are not available near by, it should be possible to accumulate the funds until they reach an adequate amount.

(i) Experience has shown that it is safest to provide for the return of scholarships if they are not used within a reasonable time.

B. *Loan Funds.* "Grants of money to be repaid," in this study found to be chiefly planned for student nurses.

1. Summary of findings.

(a) Funds ranging from $100 to more than $5,000 and aggregating a principal sum of over $84,000 were available in 45 schools. The majority of these came from gifts or grants from hospital boards. They were also raised by alumnae and student activities.

(b) Individual loans ranged from $25 to $100, yearly, the greatest number of loans being about $100 each.

(c) While there was a demand for loans among students in these schools, the demand was less than the amount of money available for loans.

(d) Directors of 7 schools reported at least 36 desirable applicants for admission to their schools who were unable to enter or to finish because of lack of funds.

(e) Graduate nurses were permitted to borrow from these loan funds in only 4 of the 28 cases reported.

(f) Borrowers were most frequently chosen by committees consisting of the director of the school with members of the faculty, alumnae, woman's board, or school committee.

(g) Administration of loan funds.

(1) A few more than one-fourth of the funds reported were of the revolving type; *e.g.*, both accumulated interest and principal used for loans.

(2) Interest was charged in one-fourth the cases; was not charged in one-fourth the cases. There was no reply to the question in the remaining cases.

(3) Security was required in a little more than one-fourth the cases; was not required in a few more than one-half the cases; no reply was given by the remainder.

(4) The security asked in most cases was a signed statement from the student. In one case her guardian was required to sign the statement; in one other a note acceptable to the local bank was required.

(5) In about one-half the cases a time limit was set for the return of the loan.

(6) Reports as to repayment methods were vague.

(h) Only five failures to return loans were reported from 28 schools. The total number of students involved was not given. The Harmon Foundation estimates loss as about 3 per cent.[4]

2. Conclusions:

(a) As in the case of scholarships, individuals and groups have been very generous in the establishment of loan funds or in taking yearly responsibility for loans.

(b) The fact that the demand for loans was less than the amount of money available, suggests that these funds might be used for graduate as well as student nurses.

(c) Experience seems to prove that selection of borrowers by committee is safer than selection by an individual.

(d) The small number of losses reported seems to indicate the importance of careful selection of borrowers and also the fact that the close personal contact between students and staff in schools of nursing makes careful selection more possible there than in other institutions.

(e) Loan funds present different problems than those of scholarships because details of security, interest and repayment must be arranged for.

(f) While the usual methods of business in the handling of loans may have seemed unwarranted in the past because of the comparatively small size of loan funds in schools of nursing as well as their more personal nature, when the aggregate of these funds through the country is considered, and also the need for funds for nursing education, it seems advisable to use every possible means to conserve each one and to extend its usefulness to the widest margin. This could in part be done by:

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[4] *A Study of Student Loans and Their Relation to Higher Educational Finance*, p. 122.

(1) Charging current interest rates. "The more enterprising student almost invariably prefers a loan on a business basis to one made otherwise, and also prefers such a loan to a scholarship. If such a sentiment is not already ingrained in the student, the university has a duty to perform in helping him to develop it, for when he encounters the outside world, this quality is the one which will help him to succeed."[5]

(2) Administering loan funds as revolving rather than as restricted funds. Actual figures quoted above have shown this. While no single school of nursing has a loan fund of $150,000 an aggregate of more than [illegible] was reported by 45 schools of nursing.

(3) Working out more definite systems of repayment of loans. An installment plan for paying off loans and involving increasingly larger payments is urged. Payments in installments, rather than payment in full at a specified time, have the advantage of keeping interest in the loan alive, making payments easier for the student and making part of the funds available for relending sooner.

(4) Converting some of the funds now used for scholarships into loan funds.

C. *Student Allowances.* We are not prepared to draw conclusions from these figures. They are presented because they seem decidedly interesting in connection with the foregoing report.

(1) Allowances were paid to students in 17 out of the 28 schools reporting loan funds. Three schools had changed their policies in this regard between 1927 and 1929 and are no longer paying allowances. The director of one of these schools writes: "We are now establishing our fund for next year. We have separated the school from the hospital and have our own bank account. The hospital will give us two years' total student allowance, [illegible]."

(2) The range of allowances was as follows:

(a) Preliminary, [illegible]–$15, monthly
(b) First year, [illegible]–$15, "
(c) Second year, [illegible]–$20, "
(d) Third year, [illegible]–$25, "

(3) [illegible] of these 17 schools reported the total [illegible] in allowances during 1928–29: 17[illegible] an aggregate of $183,-17[illegible] year.

(4) [illegible] of 13 of these 17 schools re[illegible] did not seem to be dependent on allowances given. "They get this help from home" or "Most of our students have adequate help from their parents" or "They spend the money on cosmetics and sweets" were typical of the comments made.

(5) Nineteen of these schools provided uniforms, and 9 provided books, without cost to students. Sixteen of these schools reported spending $80,638.92 for uniforms and textbooks for 2,521 students, during 1928–29.

In conclusion, the following statement from the Harmon Foundation report suggests some interesting possibilities which might help to solve some of the old problems of financing nursing education:[6]

> The possibility for usefulness that lies in the development of student credits is almost beyond comprehension. All that is required is a combination of imagination with a strict observation of business principles. If the capacity of the individual to save intelligently is capitalized and charges for services in the form of education were based on that capacity, instead of on the actual cash on hand, each student could bear his proportionate part of the actual cost of his priceless training without discomfort, with increased self-respect and to his general moral and spiritual advantage. Budget deficits would automatically be eliminated and the almost intolerable conditions under which education is now financed would disappear.

Organizations Whose Funds Are Open to Nurses

IN addition to the funds described above, various state nursing organizations maintain scholarship or loan funds. Some of the local as well as the state public health nursing organizations do also. The *Journal* wrote to a number of outside organizations, as well, for information about the funds for educational purposes which they handle. Here is the list of those which are open to nurses as well as to others:

[5] [illegible] *Student Loans and Their Relationship to Educational Finance*, p. 101.

[6] *Student Loan Funds.* A study of student loan funds and their administration throughout the United States. Harmon Foundation Inc., 1924, p. 23.

[illegible]

Congregational Education Society, 14 Beacon St., Boston, Mass.

Annual allowance of $100 (for all years $300) at 3 per cent interest. Limited so far as nurses are concerned to those preparing for service in a missionary hospital.

Education Board of the Pennsylvania Baptist General Convention 1701–1703 Chestnut St., Philadelphia, Pa.

Scholarships varying from $75 to $330 to Pennsylvania Baptist students preparing for the ministry, etc. Nurses preparing for missionary service are eligible.

Harmon Foundation, 140 Nassau St., New York City.

Annual loan of $250 to $300 (for all years $500 to $900) at 6 per cent interest. Nurses who are working toward a Bachelor's or higher degree in a college affiliating with the Harmon Foundation are eligible.

Carl Forstmann Memorial Foundation, 2 Barbour Ave., Passaic, N. J.

Sums depending on individual circumstances at 3 per cent interest are loaned to relatives of employees of the Forstmann and Hoffman Co., to be used for preparation beyond high school grade. Loans at 5 per cent are also made to persons living in the vicinity of Passaic, N. J.

La Verne Noyes Scholarships.

These scholarships covering tuition in a college or university are available to those who themselves served in the army or navy of the United States in the World War, or are descended by blood from someone who so served. They are offered in a selected group of colleges and universities. Scholarships for nurses, only, are offered in Teachers College, Columbia University, New York City, and the University of Virginia, Charlottesville, Va. There are more than fifty other colleges and universities in the list and qualified nurses taking courses in any of them should be eligible for La Verne Noyes Scholarships on the same basis as other students. Eligible students should make application directly to the college or university.

Mary C. Jackson Emergency Fund. The Women's Educational and Industrial Union, 264 Boylston St., Boston, Mass.

Students who are within two years of college graduation may borrow a maximum amount of $200 at 4 per cent interest.

United Daughters of the Confederacy. Mrs. Robert D. Wright, Chairman, Committee on Education, Newberry, S. C.

Maximum annual loans of $200 without interest, unless overdue, are made to lineal descendants of Confederate veterans who are eligible for college entrance.

Grand Encampment of Knights Templar. Adrian Hamersley, Grand Recorder, Chamber of Commerce, Indianapolis, Ind.

Loans at about 5 per cent interest are made for completion of work beyond Sophomore year. Eligibility for a loan is not contingent upon any Templar or Masonic relationship. (The Grand Recorder wrote the *Journal:* "We are very anxious to make loans to the full extent of our funds to students who may qualify. I am glad you have manifested an interest to inquire about the Fund.")

The Schmidlapp Bureau. The Union Savings Bank and Trust Co., Trustee, Cincinnati, Ohio.

Loans, amount determined by the requirements of the course, and without interest, are made to fit young women to become self-supporting. It is preferred that the training be taken in Cincinnati when the opportunities there are as good as those offered elsewhere.

Rotary International, 211 Wacker Drive, Chicago.

The Student Loan Fund is one of the most important activities of the Rotary organization. Loans are made to students for purposes of higher education by the local clubs. Interest is charged.

Staff Education

An Outline and Bibliography for a Staff Education Program for the Head Nurse in Service is now available. It includes the functions of the head nurse organized under the headings: Ward Management, Nursing Care and Medical Treatment, Supervision and Teaching, Duties Pertaining to the Organization as a Whole, and Duties Pertaining to the Community, with a very comprehensive bibliography at the end of each section. The outline is being used this winter in connection with the conferences for head nurses given in New York City under the auspices of the local League of Nursing Education, and should be very useful to others who are planning staff education programs. It was prepared by M. Cordelia Cowan, Educational Director of the Postgraduate School of the Woman's Hospital, New York City. Mimeographed copies may be had for fifty cents, which includes postage, from the National League of Nursing Education, 370 Seventh Avenue, New York City.

Who Makes the Best Hourly Nurse?[1]

AUGUSTA M. CONDIT, R.N.

THE nurse of today when she receives her diploma of graduation stands at the threshold of glorious possibilities. She is *not* the timid, retiring, shrinking creature of yesterday, but confident and secure in her possession of a diploma from high school, college, school of nursing, and her certificate of registration; she is ready for achievement and she verily believes that all things are hers for the taking. With all these credentials she is not yet the finished product. She has, however, the divine right to prove herself worthy of the name of nurse. To be able to do this, she must yet acquire the knowledge to be obtained only in the broad field of experience.

Nursing for many centuries meant only the care of the sick, but nursing today includes, with the care of the sick, the care of the well—to ensure their remaining so.

What is known as "private duty" is the oldest branch of nursing. Women for ages have been caring for the sick in their own families, as well as assisting in the care of others, and only during the last century has nursing been standardized to any degree. Private duty nursing existed long before training schools were heard of.

Equal in importance is public health nursing. The whole world today recognizes the necessity for the extension of the force of trained nurses from service in the sickroom into homes and into hospitals, and to the very heart of every community, to prevent sickness and disease, and to promote health. More emphasis is now being placed upon making health possible for the entire family than upon making the individual member well again.

When the pupil finishes her training she is, within limitations, a private duty nurse. She possesses the fundamental knowledge necessary for institutional work, also; but if she wishes to take up public health nursing, her education has just begun.

Although in the hospital the nurse learns to care for the sick, she has little experience in the solution of family or community problems—which constitute a large part of the work of the public health nurse. In order to improve the health of a patient, her work requires a knowledge of economic, financial, industrial and social conditions. To be a good public health nurse, she must have all the knowledge that goes into the making of an institutional nurse, she must measure up to the qualifications that distinguish the good private duty nurse, and to both she must add the ability to skillfully and efficiently care for ten patients instead of only one, within eight hours, the diplomacy and tact to work satisfactorily with at least ten different physicians in one day. She must learn to enter and give service in the home of the wealthy, of the so-called middle class, and also of those less fortunate, with equal finesse and poise. She must master the science of real coöperation with the patient, the family and the physician, the secret of which with the family and patient lies in working out their plans, whenever practicable, and in not imposing unnecessary restrictions.

She must be thoroughly familiar with the function of every welfare organization and know how to enlist

[1] Read at the twenty-fifth anniversary meeting of the Ohio State Nurses' Association, Cincinnati.

its coöperation. She must know how to secure free service, if necessary, in hospitals and sanatoriums; how to use clinics, dispensaries, weighing stations, convalescent homes, boarding homes, day nurseries and health centers; how to care for the tuberculous in the home and to instruct in precautions necessary to prevent spread of disease; to teach the technic of care in contagion in the home; why isolation and quarantine are necessary. She must be versed in all the known laws of hygiene and sanitation in the prevention of disease. She must be able to assist in making the family budget, and she must know why it is so important that the baby's birth be registered.

So much for the institutional, the private duty, and the public health nurse. There has been developing slowly, but surely, for a number of years, a fourth, most important nursing service, known as hourly nursing. This service is expanding because of its importance and usefulness, and it is essential that we know where to find a supply upon which to draw for the personnel of this service.

The graduate nurse who develops, through experience, the dignity, poise, patience, tact and efficiency of the private duty nurse, the resourcefulness, knowledge, general information, the ability acquired by daily practice to budget time, strength, and cases to the best advantage possessed by the public health nurse, the firmness and executive ability of the institutional nurse, cementing all these qualifications with the spirit of coöperation, presents a composite product—the best hourly nurse.

Group Nursing

Returns from a questionnaire sent by the University of Iowa Hospital to 100 hospitals
Presented here through the courtesy of Lois Blanche Corder, R.N.

Hosp. No.	Type	Hosp. No. Beds	No. Nurses Employed for Group Nursing	Hrs. on Duty		No. Pts. per Nurse		Salary				Patient's Fee		Maintenance Provided	Remarks
				Daily	Weekly	Day	Night	Hr.	Day	Wk.	Mo.	Day	Night		
1	Univ.	1,285	200	8½	57	1-4	1-6		80			$1	$3	Full	S. S.[1]
2	Univ.	726	11	9	57	2-3	6-8				$110	$25—$45 (weekly)		Bd. Ldry.	S. S.
3	Univ.	430	7	10	65	1-4					100	None		Full	S. S.
4	Gen.	1,200	6	8	48	2-3	2-3				120 / 135 / 145	None		Laundry	S. S.
5	Priv.	200	45	8	48	4-5	15-20				90	Regular		Full	S. S.
6	Priv.	300	200	8	48	3-10	10-20				90	None		Full	S. S.
7	Priv.	600	5-20	10-12		2	2		90			20		None	S. S.
8[2]	Priv.	307	15	8	56	3	3				125	$7.50—$10.00 for 24-hr. serv. [illegible]		Board	S. S.
9	Priv.	365	3	8½-9	50	3	6		90			10 (24 hrs.)		Bd. & Ldry.	
10	Priv.	500	9	8	52	2-4	2-10				125	10		Bd. & Ldry.	S. S.
11	Priv.	350	demand	10-12	65-75	2-4		.50				1.10 per hr. [illegible] per hr. [illegible]		Laundry	

[1] Service satisfactory.
[2] Fee paid by two patients for group nursing service for 30 days (24-hr.) at $7.50 each per day.............. $450.00
Salary for three nurses for group nursing for 30 days (24-hr.) at $125 per month and three meals daily ($[illegible] per mo.)........ 442.50
$7.50

This study shows clearly the need for clarification of the term "Group Nursing."—Editor.

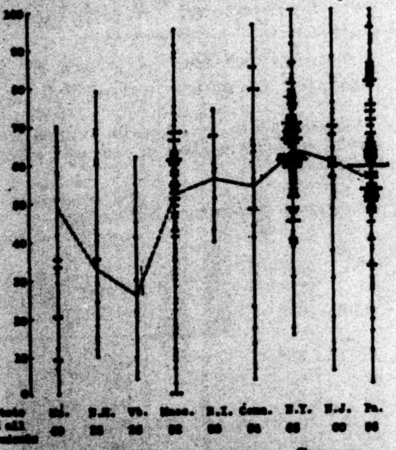
Wisconsin Leads in Health Exams

Of the fourteen states so far graded, Wisconsin, with a mark of 75 per cent, tops the list in the per cent of annual health examinations its students have received. If all first-year students had had one health examination, all second year students two, and all third year students three, we should have a 100 per cent return.

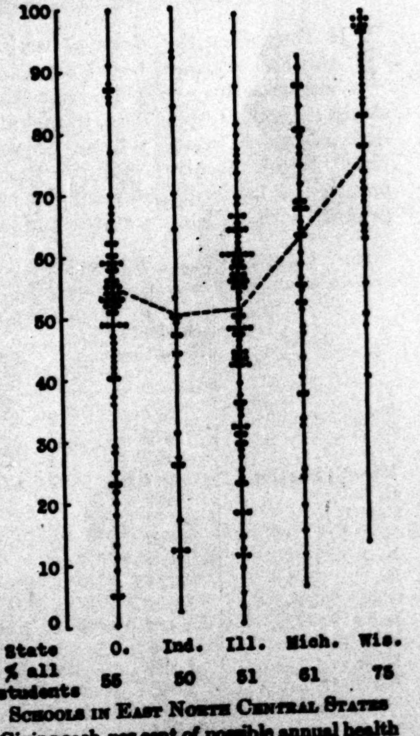
No state has yet approached this mark, but, so far, there are six schools out of the 737 which have been graded on this point, the students of which report at least one health examination every year since they entered. By an unfortunate coincidence, the number of schools making a zero record is also six.

The number of schools reporting in each state (not including schools for affiliates only); the per cent of possible annual health examinations each state actually made; and the resulting rank

State	Schools	Exams made	Rank	State	Schools	Exams made	Rank
Maine	22	49%	12	N. J.	35	60%	4
N. H.	18	33	13	Pa.	141	56	6
Vt.	7	26	14	Ohio	71	55	7
Mass.	82	52	9	Ind.	26	50	11
R. I.	9	56	5	Ill.	99	51	10
Conn.	20	54	8	Mich.	44	61	3
N. Y.	126	63	2	Wis.	37	75	1



Schools in North Atlantic States
Giving each per cent of possible annual health examinations



Schools in East North Central States
Giving each per cent of possible annual health examinations

among the fourteen states so far studied, are shown in the table on the preceding page.

In the two accompanying diagrams, each dot represents a school. The location of the dot opposite the scale at the left shows what per cent of annual health examinations the school has made if one examination each year for every year the student has been in training is taken as 100 per cent. The figures below each state and the place where the dotted line intersects the vertical state line show the per cent of possible annual health examinations which all the students in that state received.

One school, if it happens to be large, may markedly affect the grade of the entire state. Vermont and Wisconsin would both have higher records were it not for one or two relatively large schools near the bottom; whereas Maine and Indiana owe much to one or two large schools near the top. This is, of course, true not only in grading on health examinations, but in all professional problems. It is the large schools, good and bad, which control the professional standing of each state.

Education—North Atlantic vs. East North Central

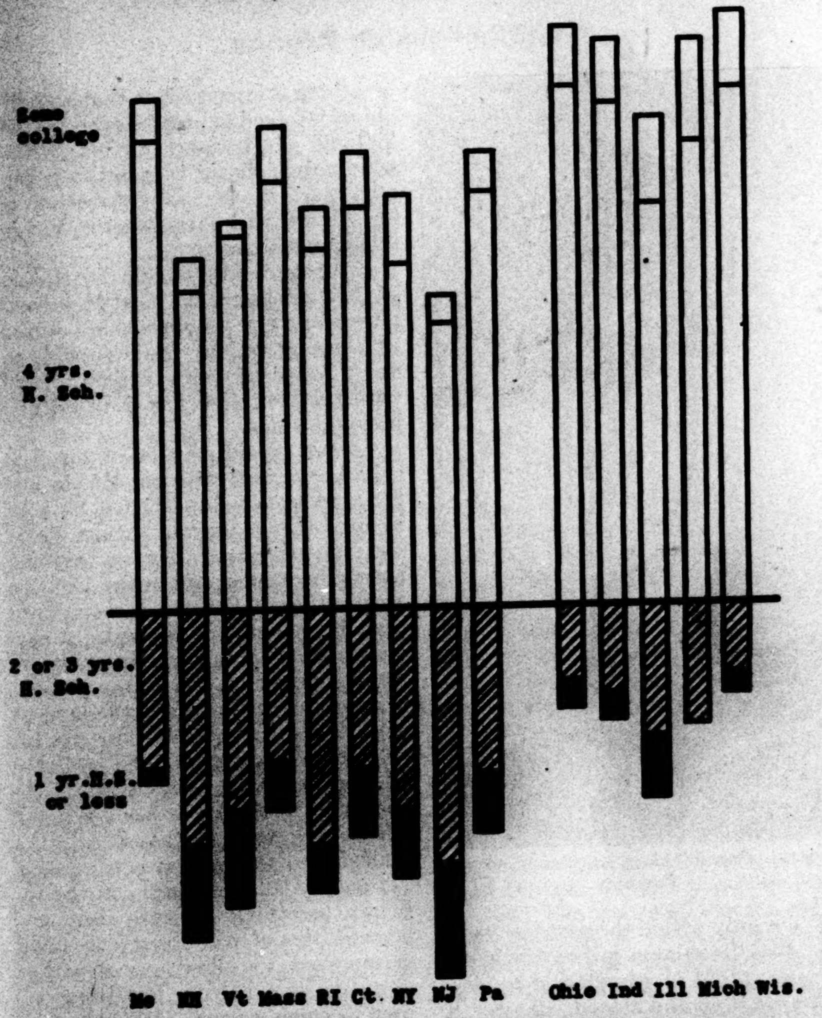
IN December the *Journal* carried the first diagram based on grading reports. In this issue the study is brought up to date, to include five additional states—those of the East North Central group. Each month the same diagram will be repeated, with still more states added, until all the states in the Union have been covered. Watch for your state!

Returns for the 14 states so far tabulated are as follows:[1]

[1] These figures are based on returns from regular students resident in their own schools last May.

STUDENT NURSES WHO REPORTED EACH SPECIFIED AMOUNT OF EDUCATION

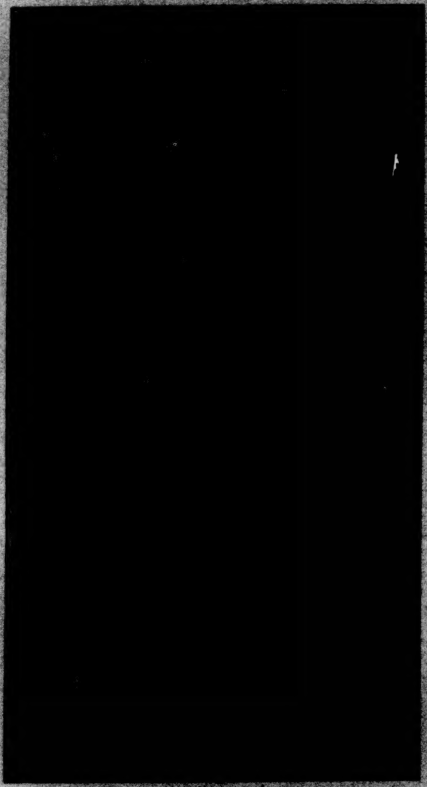
State	Students Reporting	High School			Some College	Total	Rank So Far
		1 yr. or less	2–3 yrs.	4 yrs.			
Me.	524	2%	23%	69%	6%	100%	5
N. H.	370	14	34	47	5	100	13
Vt.	167	14	29	55	2	100	12
Mass.	3,932	7	22	63	8	100	7
R. I.	396	7	34	53	6	100	11
Conn.	1,172	10	23	59	8	100	8
N. Y.	6,568	10	29	51	10	100	10
N. J.	1,554	17	37	42	4	100	14
Pa.	6,774	9	24	61	6	100	9
Ohio	3,606	4	11	76	9	100	2
Ind.	1,418	4	13	74	9	100	3
Ill.	4,486	9	19	59	13	100	6
Mich.	2,193	0	17	68	15	100	4
Wis.	1,642	3	10	76	11	100	1
	34,804	8%	22%	61%	9%	100%	



Per cent of students in each of 14 states who have had 1 year of high school or less , 2 or 3 years of high school (lower white portion), or some 4 years of high school (upper white portion.) Figures are based upon reports from the 34,634 students in these states who joined in the grading study

Carbon Dioxid for Hiccoughs

ANNE PENLAND, R.N.



Carbon Dioxid May Be Taken to the Patient

It is only within the past few years that the value of carbon dioxid gas as an aid in stimulating respirations has been understood. Today, it is the most valuable agent we have. Under normal conditions the blood contains little more than 5 per cent carbon dioxid, which is kept at an even balance by the rate of respirations. If this amount is increased to, say, 10 per cent, the respiratory center is further stimulated and breathing is increased, so that an individual is forced to breathe even against his will. It becomes obvious, then, why carbon dioxid is being so generally used in the administration of anesthetics and as a valuable aid in relieving hiccoughs.

Hiccough is a spasmodic contraction of the diaphragm, the most important muscle of respiration, probably caused by some irritation. It is possible to force breathing with carbon dioxid until this irritation has worn off and hiccough stops.

Carbon dioxid may be obtained in cylinders, mixed with oxygen, in any per cent specified. It must be kept in mind that 5 per cent carbon dioxid and 95 per cent oxygen produce normal breathing, and a concentration greater than 10 per cent carbon dioxid probably should not be used. A simple method for administration of carbon dioxid on the wards consists of an ordinary closed anesthetic mask with a gas bag attached to the gas cylinder. The bag is filled and shut off, the patient is allowed to breathe back and forth in the bag for about one minute, then the bag is emptied, refilled, and the process is continued. During the administration, if the patient's breathing becomes deep and labored (sign of over-dosage) the mask is removed to allow excess carbon dioxid to be exhaled. Breathing will then become normal. The mask is reapplied and the treatment continued in this way until hiccough stops. Relief may be of short duration, or it may last for several hours. The treatment may be resumed as often as is necessary and, after sufficient instruction, it may be carried on by the general nursing staff.

Michael Angelo: Last of the Giants[1]

BROOKE PETERS CHURCH

SPREAD on either bank of a muddy little river in northern Italy, lies Florence, a city of small importance, politically or commercially, and yet famous through the whole civilised world for artistic achievement and intrinsic beauty. Her origins are lost in the mists of the past, and indeed she seems not to have been built by human hands, but to have grown, like the hills which surround her, so much a part of the landscape has she become. Even the factories and trains of the twentieth century have not been able to spoil her, but have been absorbed and hidden by her mellow beauty. Florence has the graciousness of a much-loved woman, and justly, for at all times has she been passionately loved, and indeed this very love may be said to have created her. On many a great man's tomb the only epitaph is "Fiorentino" (Florentine), sufficient expression of his dearest wish and proudest memory.

The fourteenth, fifteenth and sixteenth centuries were the greatest in the history of Florence, and during this period the city was the intellectual and artistic center of the world. Dante, a homesick exile, wrote to the glory of his native town; Boccaccio made Florence famous wherever his tales were read; Cimabue painted his greatest madonna, all vivid with gold, for one of the dark Florentine churches, and the rejoicing crowds carried his picture in procession through the streets. The greatness of Constantinople and Rome faded, and the scholars of the world, carrying their treasures of antique art and learning with them, flocked to Florence, where they knew security and patronage were to be found. The most important factor in this extraordinary development of the city during the Renaissance was the Medici family. Cosimo de Medici first made the name famous, and by his great wealth which he accumulated as a banker in a day when banks were first invented, he gained a power which increased until he was virtually the ruler of Florence. His rule was, however, never burdensome, and the burghers were glad enough to throw their responsibilities onto his shoulders and to revel in the wealth and importance which came to the city as a result of the Medici fame. Cosimo was a true patriot and conscientiously went about improving and beautifying the city, encouraging the artistic and intellectual talent which was springing up on every hand. But his policy was sober and thrifty, and it was not until the time of his grandson, Lorenzo, that the riotous extravagance which we commonly connect with the name of Medici was reached. Lorenzo has been accused of corrupting the youth of Florence to gain his own ends and to blind them to the power he was seizing, but Florence was too conscious and too canny to be hoodwinked so easily. No one cared how much power the Medici had, provided they supplied the money for the beauty the Florentines had gone mad about. And Lorenzo lavished money, pouring out his wealth almost to his own bankruptcy, on the proud and exacting mistress his city had become. He was the spirit of the High Renaissance, neither scholar nor artist himself, but instinctive in his taste for the best, and able to gather together and mould

[1] The [illegible] article in Mrs. Church's series on "[illegible]," "Leonardo, the Great Amateur," appeared in April.

to one end the choicest and most diverse spirits. Life was beauty to him, and such was his vitality and the breadth of his tastes that he lived at a tension which would have killed most men, seeking beauty in every form. He staged and took part in innumerable pageants and masks which made the streets of Florence vivid with color and light, and the verse of a song which he wrote for one of these rings through the ages as it once haunted the streets of the old city with a plaintive note of sadness, as if regretting a life all too short to compass the fulness which Lorenzo de Medici sought:

"How beautiful is youth
Which yet flies quickly away,
Who has a mind to be joyous, let him be so;
For of tomorrow there is no certainty."

One moment would see him the center of a solemn political gathering; the next, romping with his children; and with no perceptible interval he would be one of a band of irresponsible youths, roaming the streets in search of adventure, or in pleasant dalliance among the vine-clad hills about the city, where Pan and his pagan cronies had again come to life. The people feared him, while they enjoyed the benefits he bestowed. They feared his license and the decadent flavor of his amusements, for Florence had a Puritanic side which sometimes asserted itself. At the very height of Lorenzo's power, Savonarola took advantage of this fear and roused the city to a state of religious hysteria until, for a time, culture seemed on the verge of an eclipse. Then, quite suddenly, wearied by the strain of the self-denial which he demanded, his eager listeners reverted to paganism and burned their prophet. For they loved also the gaiety of the life Lorenzo fostered, and the money and fame which his revels brought to Florence. All of life was intensified and heightened in the full summer glow of Lorenzo's fancies.

The greatest benefit he bestowed on the city, and so on the world, was his cultivation of art and letters. Any child or young man who showed promise, he befriended, often to the extent of adoption, and his household was full of men of talent and genius in every field of endeavor. In the dark Medici palace in the town, and in the villas which looked down from the hills to the rosy city, he gathered all the finest spirits of the time, and founded what it pleased him to call a Platonic Academy, where, removed for a while from the feverish hubbub of the world, he and his chosen intimates discussed abstract philosophy. In this group were scholars, poets and artists, selected from every walk of life. For Florence at this time was democratic in the truest sense of the word, and a man's birth was of little count provided he had some special talent to offer. Sheltered in Lorenzo's home, and supported by his wealth, Ficino translated Plato into the common tongue; Pico della Mirandola—that rare and lovely spirit who wandered through the Renaissance like a creature from another planet—sought a mystical harmonisation of paganism and Christianity; Politian, a scholar who conversed in Latin and Greek as fluently as Italian, wrote his Latin verses and translated the classics. Here Botticelli painted his lovely frescoes; Leonardo, for a period of his life, was of the magic circle. It was while Ghirlandaio was painting the frescoes in Santa Maria Novella, where the society beauties of the time are portrayed assisting at the birth of the Virgin Mary, that Lorenzo, visiting the painter's workshop, saw there the mask of a grinning faun, and inquired the name of the sculptor. With unerring instinct he took the

artist, a boy of fifteen, named Michael Angelo Buonarotti, into his household, where he stayed for four years. Thus was the highest genius of the Renaissance launched on his career. Michael Angelo can never have fitted easily into the Platonic group, for never in his life did he adjust himself to environment or circumstances, and the broken nose which disfigured him to his death was gotten in an early disagreement, perhaps during this period. The self-consciousness and arrogance of a self-conscious and arrogant age were in him to an exaggerated degree, and his attitude was that of the superman, spurning the customary rules of human contact as unworthy of his time and attention. Like Leonardo, he turned his whole energy into one channel, and the driving force thus harnessed led him to undertake one task after another during the eighty-nine years of his life, the very thought of which would have dismayed another man. But, owing again to his peculiar temperament, he had to work alone, and much of his work was left unfinished, because even his abounding vitality was inadequate for the program his vision planned. His genius was not for painting, though oddly enough it is for his painting that he is chiefly known. Even in his early work, the cartoon for the Battle of the Standard and the Doni Madonna, he betrays his real taste, which was for sculpture. The cartoon, with its companion piece by Leonardo, was the talk of the times, and for years the hall where the two pictures hung was used by artists from over the whole world as a school of art. Both cartoons are gone, and only tradition and contemporaneous copies are left to give us an idea of the great originals. But the Doni Madonna still hangs in the Uffizzi, bright and new and hard, as if cut out of solid. Light and shade, the charm of a natural background, conventional pose, are lacking, and one can only marvel at the positions, and the power of modelling displayed—motion arrested in being. It is not an appealing picture, for there is no softness, no spiritual beauty, to arouse our sympathy—only physical perfection. And in the background, instead of the vague distance of a landscape, he has painted nude figures seemingly taken out of mythology. It is almost as if here paganism and Christianity had the meeting of which Pico della Mirandola dreamed, but not the harmonization, for the two parts of the picture are quite unrelated to each other. It was in Florence, during these early years, that Michael Angelo made his first great statue, the David, a pagan figure drawn into Christian legend. For of David, the dreaming shepherd boy of Palestine, there is no hint in this proud and gigantic stripling who dominated the public square of Florence.

It was in Rome that Michael Angelo's greatest work was done, though Florence held his imagination and desires even after he left her for the Eternal City. In 1494, the Medici were expelled from Florence, and in the years of war and disturbance that ensued, the popes were able to draw to Rome many of the artists who had hitherto congregated in Florence. The popes at this time were patrons of art, rather than spiritual leaders, and, having the wealth of the world at their disposal, were able to offer opportunities and rewards such as few others could. Rome had no native artists, and, owing to the long period of upheaval and disturbance which had ruined many of her finest buildings, was a tremendous field for labor, as well as a depository of classical remains such as existed nowhere else in

Italy. Though the reconstruction had been in progress for some time, many of the palaces and churches were sadly out of repair and neglected, and the city, even now, scarcely looked like the world's capital. Most of the artists of note had visited Rome and left some example of their work in it, but there was room for much more, and the popes of the sixteenth century set themselves to beautify their city, just as the Medici had done for Florence. Julius II invited Michael Angelo to come and design and build a tomb for him, and Michael Angelo undertook the commission, never suspecting that he would regret it for the rest of his life. It was a tremendous undertaking, requiring a number of large statues, besides the pope's portrait statue, and an elaborate façade with much incidental decoration, and long before he was half through, the pope changed his mind and decided to postpone the tomb until after his death. Meanwhile he wanted the ceiling of the Sistine Chapel painted. Michael Angelo pled with him in vain. He insisted that he was not a painter, but a sculptor; that fresco painting in especial was impossible for him. The pope was determined, and Michael Angelo was obliged to bow to his superior force. For four years he worked unremittingly at the gigantic task, driven and harassed by the eager pope who gave him no peace in his impatience. A part was uncovered and displayed after a year and then the chapel was closed to the world again until the work was finished in 1512. The crowds who flocked to see the ceiling stood amazed at the stupendous power of the work. Far above their heads hung a pictorial account of the creation and fall of man and of kindred subjects all leading up to the New Testament story.

There was nothing pretty or airy such as one expected on a ceiling decoration. In place of the usual graceful flying figures, were titanic nudes in the natural attitudes of life; where wreaths of flowers and meaningless scrolls were the rule, was architectural detail. Every space was filled with precision and in logical sequence. Man in all known attitudes dominated the scene, and God the Father was shown but as a man, on a colossal and dignified scale. In his later life Michael Angelo painted an altar piece of the last Judgment for the same chapel, but in it the strength and force of the Creation pictures are exaggerated and distorted until they seem oppressive. There is the repose of absolute balance in the ceiling, expressive of the mood of the artist when he painted it. But life took its toll, and when the altar piece was painted, Michael Angelo was a bitter old man, disillusioned with life and his fellows. For after the chapel ceiling was painted, the unfinished tomb of the pope began to haunt the artist. Julius II died, leaving orders in his will for the completion of the tomb. But each succeeding pope had a new project for Michael Angelo to undertake, and like avenging spirits the heirs of Julius II pursued him, demanding the completion of the tomb. The heirs threatened, the pope ordered, and the artist, worried and torn between conflicting duties, compromised and begged off and worked at double pressure, in order to satisfy everyone. This exploitation of his genius went on for years, until in his old age the harassed man completed a tomb of a sort and shook off the horseleech which had so sapped his strength and hampered his achievement during his most productive period. But of the original scheme nothing remains but the statue of Moses, the figures of the captives, now in the Louvre, and one

or two unfinished pieces. And the artist himself was exhausted spiritually, mentally and physically with the strain of the continuous struggle. During these busy years, Michael Angelo was recalled to Florence to build a chapel and tomb for his earliest patrons, the Medici. This also was never finished, but the six statues which he completed remain one of the great artistic treasures of Florence. On his return to Rome, Michael Angelo found himself obliged to take up a new profession—architecture—to satisfy the reigning pope, and henceforward to the end of his life architecture absorbed most of his time. He rebuilt the Farnese Palace, planned the Capitoline Hill, and finally designed St. Peter's Cathedral. He did not live long enough, however, to see the work completed, and after his death the plans were altered, so that only the dome, one of the wonders of the world, was left to testify to his genius.

It is a strange life story, full of artistic achievement, and almost lacking in its human aspects. The only hints we get of his more intimate life are in his letters and in the sonnets which he wrote to his friends from time to time. The earlier sonnets are rather commonplace and in the fashion of the day. The later ones show a turning to religion as to a refuge, and an increasing preoccupation with the thought of death. But even they are austere and remote, like his paintings, devoid of fancy and human sentiment. Many of the later sonnets are addressed to Vittoria Colonna, the widow of an Italian nobleman, between whom and Michael Angelo there existed a very warm friendship. But the relationship between them seems to have been merely spiritual and intellectual, and their correspondence concerns religion and art. He had few friends, and none to whom he opened his heart, for he was always the master and they the disciples. Complainingly he helped his father and brothers, but never, one feels, with open-hearted affection, always from a sense of duty. He was a puritan in his sense of duty, and it was this same hyper-conscientiousness of his, in a world of toadying and graft, that did much to embitter his life. Of the small comforts of physical existence he knew nothing and, by no means a poor man, lived more simply than any peasant. He seemed to appear in the world to accomplish his work, and having finished it he passed on, without a single mortal tie to hold him.

He died in Rome, acknowledged the master of art, and then Florence claimed her own. The pope would have buried him in Rome, with pomp and circumstance, as befitted so renowned a man, but the Florentines stole his body and carried it away secretly. So they brought him home for burial, and all the city turned out to meet him and bear him to his grave in Santa Croce. The greatest artists were his pall-bearers; the dignitaries of the city, his chief mourners. For Florence has generally recognised and acknowledged the greatness of her sons, and honored them according to their genius. And so was buried the last of the giants.

Much of the literature on the Renaissance I mentioned in the bibliography of Leonardo da Vinci. To it I might add Vasari's and Condivi's memoirs; Roland's *Michael Angelo* in the English translation; the essay on his sonnets in Pater's *Renaissance*, the discussion of the Roman Schools in Elie Faure's *History of Art*, volume 3. For the rest, most can be learned by studying the pictures of the Sistine Chapel in a good photographic reproduction. The lack of color makes

little difference, for color is not the important feature of the original frescoes. The force and action of the figures; the expressiveness of the perfect modelling which shows the thought in one physical motion, the depth of the painting, which seems almost three dimensional, and yet has none of the tricks of painted bas-relief—these are the features to be sought and felt. Many will find him unsympathetic, and will miss the homely beauty of the other artists of the time, but no one can fail to recognise his power and, in so far as it was supreme, to acknowledge his greatness.

Hotel Nursing

VISITS to several New York hotels recently brought forth some interesting information about that little known branch of our profession—hotel nursing.

The hotel nurse must be prepared to give several kinds of service depending upon the hotel she is in. Under one system, first aid to employes occupies most of her time, that and preparing and sterilizing dressings and keeping the records required under the employers' liability act. Once a year, all food-handlers are given physical examinations, but the actual giving of first-aid looms largest among her responsibilities. She must be able to distinguish between those injuries which are serious enough to require the ministrations of the doctor, who may be non-resident, and those which she herself can take care of. This is a nice distinction and mistakes are costly.

It is not so very unusual for her to find scions of nobility, impoverished but titled, among the dish-washers. And because hotel employes come from everywhere, it helps if the nurse knows languages, although this is not absolutely necessary, since gestures can be eloquent and interpreters are not hard to find. It helps too if she knows something about typing and filing, since records to be of any use should be both legible and accessible.

In another hotel system, the nurse also supervises the care of guests who are ill. She may not give them actual bedside care, but she makes rounds with the hotel doctor and arranges for and supervises special nurses. In a very large hotel, the service to guests, in addition to the first-aid given employes, may be so extensive that several nurses are required to take care of it all. The doctor may use the hotel as a hospital for his own patients, in which case there may be an elaborate set of offices including equipment and space for nose and throat work, urology, and even general surgery. Under these circumstances the hotel nurse—or nurses—must be prepared to assist with operations and treatments.

The hotel doctor may be resident or non-resident. The management of certain hotel systems considers it more "professional" to have a medical staff outside the hospital and to call upon it as needed. In these hotels physicians are suggested to guests who need them, only if they are asked to do so. In other systems it is felt to be better to have a physician in residence in the hotel, guests of course being free to call other physicians if they prefer.

Salaries for hotel nurses in the East vary from $85 or $100 a month, with full maintenance which includes a room with bath in the hotel, to $135 monthly with board and laundry, but without room. The working day is eight hours, usually from 8 a.m. to 5 p.m., but in some instances the nurse is on duty during the morning and evening and is free during the afternoon. Frequently she can arrange her own hours.

One striking fact about the hotel nurses whom we visited was their evident happiness and satisfaction in their work. One of the nurses summed up her reason for preferring hotel nursing as follows:

"I have regular hours."

"*I prefer work among working people.*"

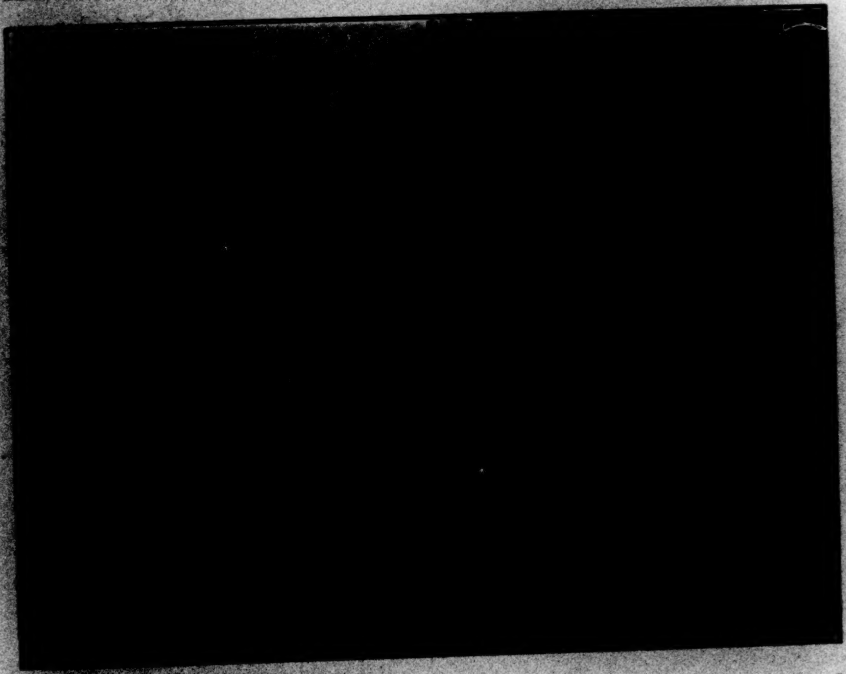
"I like the cheerful atmosphere of the hotel."

"I enjoy the many nationalities one meets in the hotel, and I like to help foreigners to feel at home in America."

Nurses' Home of Hillman Hospital

GLADYS RATLEY

ON the South Side, in Birmingham, Alabama, stands a stately brick building, towering upward seven stories. To the casual observer, this building probably appears to be a mere massive structure of brick, well constructed and commanding in appearance. Yet within these plastered walls there is a home—a real home for

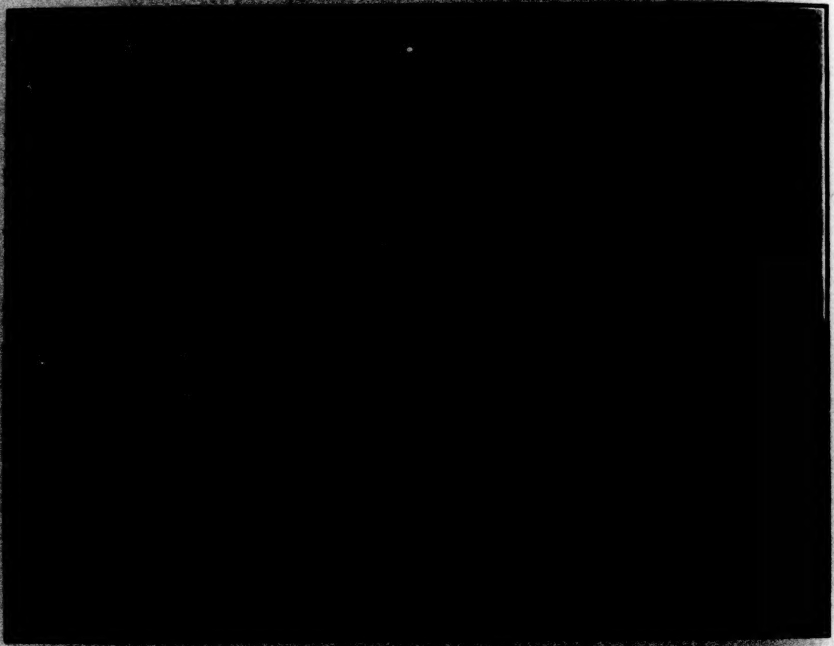


the nurses of the Hillman Hospital, and we are proud to say that it has been authoritatively declared one of the most, if not the most, modern nurses' homes in the South. It is a home in the true sense, since all classrooms are in the old Medical College formerly used as a nurses' home.

The Home is situated about fifty feet from the Avenue. On each side of the walk leading to it is a lawn, green and lovely. To the right a concrete driveway separates it from the rear entrance to the hospital. Directly back of the Home there is a spacious yard with lawns and shade trees and, yes, there is a tennis court for leisure moments.

Entering the building from the Avenue, one enters the lobby through French doors, beautifully curtained, where there are lovely chairs of antique design. To the left is the Matron's office and to the right of that is the elevator, which may be summoned by the mere pressing of a button.

A hall leads to the main living room, and on each side of the hall there are



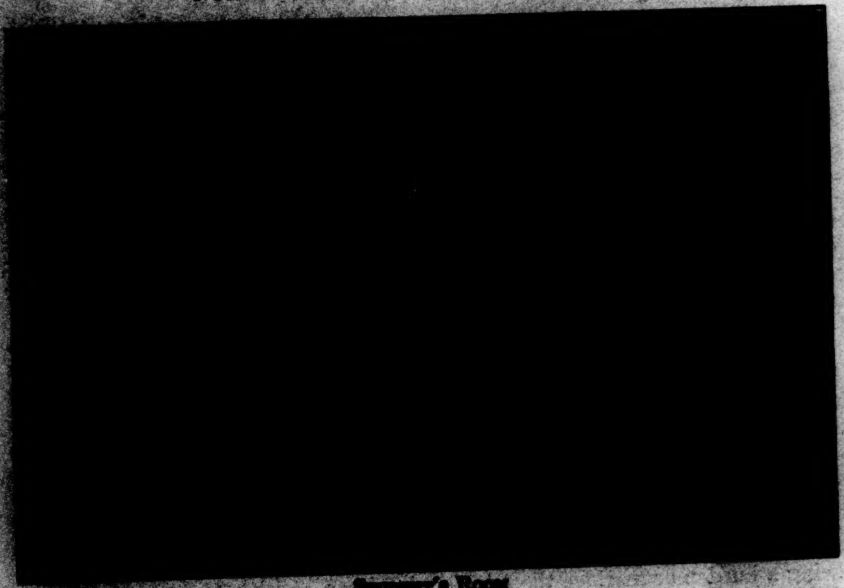
smaller living rooms for the use of the graduate nurses. These rooms are appropriately and substantially furnished with modern and well-chosen furniture. Everything harmonizes perfectly, from the lovely hardwood floors with their handsome carpets to the colorful draperies and curtains. Just beyond the large living room is the sun-parlor with its tiled floors and gayly colored stick-reed furniture and draperies.

We must not forget our little jade-green kitchen, just behind the elevator, which has a Frigidaire, a gas stove, tables and chairs. The supply of linen and lovely dishes is sufficient to serve seventy-five people. The dining room is in the hospital.

The next five floors consist of rooms for the nurses and are more or less alike. There are fourteen students' rooms and four rooms for graduate nurses, as well as two bathrooms, on each floor. The student nurses' rooms are charming and convenient. The walls are cream and the woodwork mahogany in color. There are two closets, one on each side of the door as you enter, with Yale locks. The doors have ventilators. Each room has a lavatory with hot and cold water and a mirror above the basin.

All of the furniture in these rooms is steel, walnut brown in color. It consists of two single beds, a dresser, an upholstered rocker with chair to match, and a desk and chair to match. There are wastebaskets and bed lamps. Lovely curtains are at the windows and congoleum rugs on the floors. The graduate nurses' rooms have private baths.

There are two bath and toilet rooms



STUDENT'S ROOM

on each floor, one at each end of the building, provided with both tubs and showers. On the third and fifth floors are laundry rooms.

The seventh floor has only five rooms for nurses, and at either end of the floor there are recreation rooms, one fitted as a library with desks, tables and bookcases; the other somewhat like a ballroom, containing card tables, a radio and other things to afford amusement. Other attractive features about our home are the circulating ice water, the call system, and telephones on each floor.

What more could we ask in the way of a building for a home? Nothing! Yet this beautiful, convenient and desirable building with all of its attractive features would be just a house without the homelike atmosphere, but we have made this our home in spirit as well as in name. We come off duty weary of mind and body and enter our home. Immediately a spirit of restfulness and content envelops us as our dear "Mother" at the desk greets us with her quiet smile. A spirit of peace, content, cleanliness and quiet seems to hallow the place.

Words are inadequate to describe the benefit derived from our home, professionally and socially. We who live there are unable to express our gratitude and appreciation of it, but we shall try to make it evident in our work in the future. What shall we not be able to accomplish with an environment so pleasant and with our new, well-equipped hospital? Nothing will be impossible! Our future looms glorious, ahead of us, and our goal is definite. A daring far out of proportion to any hope of gain possesses us as we challenge you to watch us grow in loving spirit and the art of nursing in the future.

Simpler Methods in Gastric Lavage

LAURA MARIA VIETOR, R.N.

THE simplest is usually the best method of doing anything in practical nursing.

The nurse who understands fully the purpose of a treatment, and who can obtain the required results with the least annoyance to the patient in the most economical way, as to preparation and equipment, is usually the most successful one. The good nurse plans her work, gets everything ready outside the room and not in the presence of the patient, so that very little time is spent in actually carrying out the procedure. As the nurse understands each step and appreciates the significance of each detail, she will work intelligently and avoid mistakes. Her work is a joy instead of being a burden or sacrifice that she is destined to perform. There are few patients, although there are some, who really like "much ado about nothing," who desire complicated treatments.

To fully appreciate the great improvement made in the use of the stomach pump, may I remind you of the old way.

Mrs. A, having been troubled with indigestion, comes to the hospital for diagnosis. The formalities of being admitted to a ward include the admission bath, the larkspur cap for pediculi, removal of red flannels, etc. Having spent the evening watching the doctors and nurses doing all kinds of mysterious things, she finally drops off to sleep at 10 p.m., wondering what will happen to her. At 12, midnight, she is startled, jumps up out of her sleep, as she is awakened and required to eat twelve large raisins, this being the first step in the great stomach test. She then has a nervous spell, but drops off to sleep at 2 a.m. At 5 a.m., the big headlights in the ward are turned on, and she is told to wash her face and hands to be ready for the doctor. Breakfast is served at 6 a.m., but the nurse is so busy feeding the other patients that she forgets to tell her that her breakfast is being omitted intentionally. At 7.30 she is given two slices of bread and two glasses of cold water.

At 8. a.m., Mrs. A is ushered into a side room, made to sit on a stool, a large black mackintosh is draped around her, another protects the floor, a water bucket is placed in front of her, and the poor nervous wreck is overwhelmed. Forty minutes from the time she ate her bread, Dr. Jones steps in, dressed in a large rubber apron to protect himself; one nurse comes to hold her, another to assist the doctor. An enormously large tube is pushed down her throat; of course she struggles and gags, the vomitus going in every direction, in the doctor's face, on the nurses' clean aprons, on the wall, everywhere but the right place. Being completely exhausted, Mrs. A is taken to the ward and put to bed.

The nurse spends about twenty minutes cleaning up and tells her classmate that some of the raisins came back; evidently the treatment was a success. Dr. Jones is interested in the color and the consistency of the bread, but the laboratory report is a great secret.

Nowadays, the patient, if she be in any way dependable, is told to come to the hospital at 7.30 a.m. for her test, and not to eat her breakfast, or she is put to bed and is allowed to sleep all night. At 7.30 a.m., the nurse slips into her room with a pleasant smile, bringing the gastric analysis tray. A little fine rubber tube, with a small metal sinker on the end, is lubricated

with tasteless K Y jelly. She is asked to swallow it, and it usually slips down like a pill, carrying the tube right into the stomach. As the tube has been covered with crushed ice, it is firm and hard. If the patient has a sensitive throat, it is sprayed with 2 per cent cocaine solution. Now and then we run into a difficult case who gags, even with the small tube, and we wonder what she would have done if asked to swallow the large one. The nurse attaches a glass syringe and withdraws the first specimen, in other words, the gastric contents in the fasting stomach. The tube is fastened to the lower jaw with a small strip of adhesive. The patient then eats two slices of bread and drinks two glasses of water, with the tube in. Forty minutes after she finishes this, a second specimen is withdrawn which indicates the effect of the gastric juice forty minutes after food has been taken. Two more specimens are taken in this manner, forty minutes apart, before the tube is removed, the patient resting quietly or reading the morning paper. As soon as the test is over, she is allowed to have her regular breakfast. A complete analysis is made of the four specimens, a great deal of information is obtained, the patient has been reasonably comfortable, and there has been very little work on the part of the nurse.

In case there is too much acid, alkalies are given, and the patient may be spared an operation, as medical treatment is indicated, Sippy diet, rest, etc.; or in cases of ulcer, its presence may mean immediate operation for ulcer in the early stages, to prevent perforation.

When there is not enough acid, it will be ordered to be taken in a glass of milk, water, or orange juice before, after, or with meals. When x-ray has indicated carcinoma of the stomach, the diagnosis is confirmed by the absence of hydrochloric acid; this means that the patient must take much of it in his water pitcher, as hydrochloric acid is a natural antiseptic and will help prevent postoperative wound infection. The absence is also a point in favor of pernicious anemia.

Blood seen with the naked eye usually comes from irritation; but that found with the microscope suggests ulcer or cancer. Mucus suggests some form of gastritis. The presence or absence of bile is often significant and may help to indicate gall-bladder disease. Gastric retention will be brought to light, too, which would help to indicate pyloric obstruction, expecially in the first specimen.

As the modern nurse knows the importance and value of all this, she is deeply interested in the patient and a gastric analysis is a procedure with which she is concerned, as many of the doctor's orders and treatments will depend on the findings; it is not a burden, as it will not mean the washing of large rubber sheets and quieting an excited patient. The doctor is admired for his precautions, and his wonderful method of finding out exactly what is wrong, instead of guessing at it by looking at the patient's tongue. The test has been done by one person, instead of three, there has been no excitement, there is very little cleaning up to do, and there is much information gained.

The small, gastric-analysis tube, occasionally the nasal tube or Jute tube, is now replacing the stomach pump in postoperative abdominal cases, in cases of persistent nausea; the patient being more or less comatose, or under the influence of a narcotic, the doctor will insert the tube. The nurse attaches the syringe and every hour withdraws the fluid that collects in the stomach. This prevents

the accumulation of large quantities. Water is injected to wash out the stomach; the patient not being aware of it, may even sleep through it all. The chart will show gastric lavage every hour. The patient is spared all the excitement, worry and exertion. Patients who are very ill, being kept alive by hypodermoclysis or intravenous Ringer's and glucose solution, may have the pleasure of swallowing fluids that they cannot retain, but they need not go to the trouble of vomiting, as the nurse quietly withdraws it from their stomach. This is simply done, as all she needs is a clean, but unsterile, syringe and a graduated pitcher to receive the amount obtained which is carefully charted.

The large stomach pump is still used in poison cases, in severe nausea, expecially after the use of ether, in acute indigestion, etc. Of course, nothing will ever take its place in these cases, but it has always been considered very strenuous treatment which is resorted to when all other remedies, such as hot soda water, have failed. It is often used to give medicine and food in insane asylums or prisons, when well people have gone on a hunger strike. The gastric-lavage tube is often used to feed patients. Usually the Jute tube is passed through the nose. A catheter may be used for children, and it will remain in place for several days, or even from two to three weeks. Liquids of all kinds, carefully strained, will be allowed to run right into the stomach through a funnel attached to the tube. Cocain solution (2 per cent) may be used to spray the nose in sensitive, restless patients. This is valuable in fractures of the face, or in cases in which the mouth is to be avoided, in paralyzed or unconscious patients, in operations on the neck, such as laryngectomy, etc., as smaller amounts may be given frequently instead of such a large quantity twice a day, as was done formerly with the nasal feeding.

Gastric lavage is often done by nurses. Formerly at least a gallon of water was used, before the return flow came clear, as we were not taught to siphon off the stomach contents before washing with soda water, and the amount of soda water used was charted. Nowadays the patient is told how to breathe, restless excited individuals are given morphia, gr. 1/6, half an hour beforehand, the tube is slipped in gently but quickly, and the funnel is reversed in the pan of ice water, to make sure that there are no bubbles which would indicate the presence of the tube in the trachea. The stomach contents are siphoned off into a graduated pitcher. When this has been done carefully the stomach is usually clean after two washings, and a specimen of the gastric contents is sent to the laboratory.

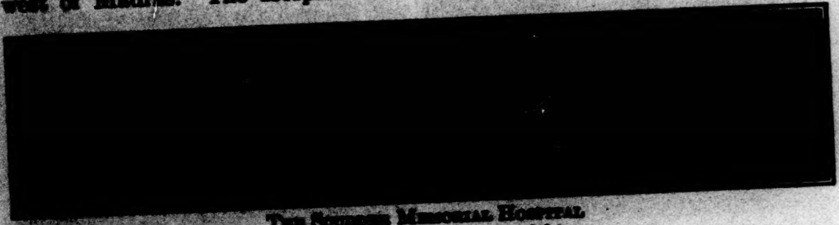
All of us know that the quantity obtained is important in dilatation of the stomach, or in pyloric obstruction, or spasm; it is quite important, expecially when the intake has been carefully watched.

Green fluid usually frightens the patient; while we know how serious brown fluid is, coffee-ground, or bright red blood. "Ignorance is bliss." Now that we are enlightened, what a blessing it is to have the doctors take the responsibility of passing the tube. How willing we are to do the nurse's part, the preparing, watching, helping and cleaning; this, too, is simpler, as we use a few newspapers, that cost nothing and can be thrown out, in place of expensive mackintoshes. How much more interesting this work has become, since we too know the whys and the wherefores. What a difference there is in the results obtained.

Scudder Memorial Hospital and Nurses' Home

WILHELMINA NOORDYK, R.N.

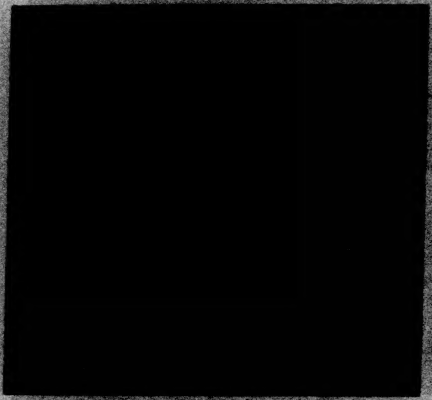
THE Scudder Memorial Hospital is located at Ranipet, North Arcot District, in the Madras Presidency. It is just seventy miles west of Madras. The Hospital was was practicing in New York when he learned of the need for doctors in India and left his practice to come and take up work in these far away, unknown parts. That was more than



THE SCUDDER MEMORIAL HOSPITAL
Nurses' Home to extreme right

completed in 1928. It was built by members of the Scudder family in memory of the first Dr. Scudder who came out to India as a medical missionary in 1819. Dr. John Scudder one hundred years ago, and since then four successive generations of Scudders have followed in his footsteps, bringing relief to thousands of needy people in South India. The

[illegible] THE MAIN BLOCK AROUND WHICH THE MEN'S WARDS ARE BUILT
To the right, a patient and two servants. To the left, our male nurses



Showing the Modern Equipment Used by Dr. Galen Fisher Scudder and His Indian Assistants

idea of such a memorial originated with Dr. L. R. Scudder, a member of the third generation. Working for a number of years to collect funds, both in India and America, it was the privilege of his son, Dr. Galen Fisher Scudder, to build the Memorial Hospital. I quote from his report of the opening ceremonies:

> This memorable and long-awaited event took place on September 15, 1928. The labor of eighteen years had at last borne fruit and a very beautiful hospital stood ready for occupancy. It appealed to all as a worthy memorial of Dr. John Scudder and his seven sons who had rendered such devoted service in the cause of Christ in this land of India, all but two of them as medical missionaries.
>
> This Memorial Hospital, with its outstanding beauty of line and contour and with its still greater beauty of ideal in ministering to all who suffer from disease and pain, and in demonstrating God's immeasurable love in Christ, stands as a worthy memorial of a beautiful life. It is a handsome group of buildings, thoroughly adapted to their purpose, well proportioned and in perfect symmetry.

Ranipet is a small town of about 8,000 inhabitants. But it is not from Ranipet alone that our patients come; twenty, even thirty, miles are no obstacle to patients who need treatment and who have heard of the Hospital. We are in a district with hundreds of small villages and it is from the villages that most of them come, by bullock cart, by jutka, or carried in a dholi, a sort of small cot turned upside down and carried by four people. In recent years there are buses operating between the larger towns and these not infrequently bring our patients.

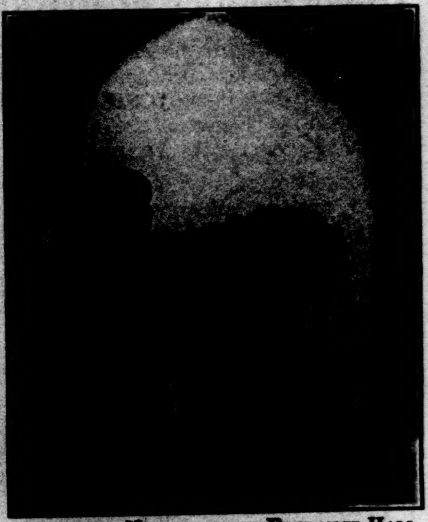
The Hospital is for men, women and children. We have surgery, medicine and obstetrics. In fact, we are a "general hospital" in more than one way. We meet with malaria, kala-azar, relapsing fever, cholera, typhoid, pneumonia, acute rheumatism, influenza, amebic dysentery, plague, smallpox and measles. Tetanus is common. Appendicitis, strangulated hernia, cataract, all sorts of gynecological conditions, and many other complaints furnish us with enough surgery to keep our one doctor and his assistants busy.

We have a training school for nurses. It is an infant, to be sure. It was started seven years ago and from a very humble beginning, is slowly developing. Our graduates number five men and two women. Our men patients are nursed by men, only, and since trained male nurses are not available—we must train them. Some of our men in training have completed high school, others have completed two or three years of high school work. These men take their work in English.

Our women nurses are of a lower grade, having just completed grammar school when they come to us. We have, however, two young women in training who have taken a teacher's training course, in addition, and they far outdo the others, both in theory

and practical work. All their work is in the vernacular. Our nurses work, on an average, eight hours a day. We find that is better suited to them than a longer working day.

The Nurses' Registration Act has just come into force in the Madras Presidency and I am urging our graduates to apply for registration. They would readily do so, only the fee is Rs. 7-8-0, about $3, and that is rather an item to be considered. Our graduates draw a salary of Rs. 20-0-0 per month, with an annual increase of Rs. 2-0-0, until they reach the maximum of Rs. 45-0-0. This is not much for a graduate nurse, but it compares favorably with salaries paid to teachers and other professional people in India. Both the men and women nurses appear for the examination given by the Christian Medical Association of South India through its Nursing Committee.



ONE OF THE NURSES IN THE ENTRANCE HALL OF THE NURSES' HOME
Showing the garden in the courtyard

We are naturally proud of our beautiful, well-equipped Hospital and trust that through its ministrations we shall be able to raise the standard of nursing in this part of the world.

The Public Health Nurse

Leading Articles for January

Relation of the Public Health Nurse to Tuberculosis—Kendall Emerson, M.D., Managing Director of National Tuberculosis Association.

A Health Program for Community and Industry—Belle Fuller, Industrial Nurse, Pacolet Manufacturing Company, Pacolet, S. C.

A Unified County Public Health Nursing Service—Virginia A. Jones, Director, Public Health Nursing Service, Richmond, Indiana.

Relation of Psychiatric Social Work to Public Health Nursing—Lois Blakey, Mental Health Supervisor, Visiting Nurse Association, Minneapolis, Minn.

Duties of the Nursing Staff in Communicable Disease Service of a Health Department—Agnes J. Martin, Director, Bureau of Nursing, Department of Health, Syracuse, N. Y.

Prenatal Work in a Township—Beatrice Heaton, Public Health Nurse, Millbrook N. Y.

Budgeting the Family Income—Blanche Dimond, Nutrition Supervisor, Community Health Association, Boston, Mass.

The Harmon Plan for a Retirement Income—James I. Coddington, Executive Secretary, Harmon Association for the Advancement of Nursing, New York City.

Physiological Management of Children Handicapped by Cerebral Palsy—Bronson Crothers, M.D., Harvard Medical School and Children's Hospital, Boston, Mass.

Social Hygiene in Relation to Public Health Nursing.

Industrial Nursing Questions and Answers.

Directory of Nurses Holding Executive Positions in States Including State Organizations for Public Health Nursing and Public Health Nursing Sections of State Graduate Nurses' Associations.

Opportunities in Private Duty Nursing as Seen by a Layman[1]

JOSEPHINE N. McCLELLAN

I COME to you very humbly, fully conscious of my lack of fitness to present adequately any lay point of view concerning your great profession. I do not speak as an authority, or an expert, but as one who is most grateful for the comfort and care graduate nurses have given her in the past and as one who is deeply interested in the future of nursing as a profession. I thank you for the privilege of being here and for your graciousness in giving a layman's ideas a place on the program of this convention.

Usually, our first vital consciousness of the nursing profession comes when some member of the family is ill and a graduate nurse is called in. In our ignorance and fear and distress, she comes to us as an angel of light—one who knows—who through her training and experience can work intelligently with the physician to relieve suffering and restore health. And because her profession deals primarily with the fundamental facts of human experience, birth and death and suffering, we look to the nurse for more than ordinary consecration in her chosen task, for greater patience and a higher conception of service than we feel ourselves to have, and the fine thing about it is, that our expectations are so often realized. The very fact that we laymen expect so much of your profession is, I think, a great tribute to the nurses who, by their devotion and skill and courage, have set the high standard which it is your privilege to maintain and to raise even higher for the future.

We feel that nursing, which is in the best sense service, should be a calling rather than a mere business, and that patients should receive the best you can give because they are people rather than because they are cases. As Dr. Harvey Cushing has put it: "I consecrate myself to medicine." So in the same way you have consecrated yourselves to the care of the sick and the promotion of health.

Any nurse who makes a mere routine job of her nursing, who follows the doctor's orders and does those things which she knows to be necessary but who does not feel real sympathy with her patient in his suffering and real joy in his progress toward health and who does not extend her sympathy and joy to the family, is failing to live up to her high calling.

The lamp which is the symbol of your profession is a warm and glowing thing, and only as the nurse brings to her task a warm and glowing love of people can she meet adequately the difficult demands which her profession makes upon her.

To the private duty nurse, particularly, nursing brings great compensation in opportunities for lasting friendships, for a full appreciation of life, and the satisfaction that comes with knowledge that her work is necessary and a blessing to all. This may make her life one of rare richness and beauty. As in all professions, this joy can come only to those whose interests are larger than self, only to those who for the sake of their profession and the high standard they have set themselves, do not fail in the big or the little things.

[1] Presented at the twenty-sixth annual meeting of the Pennsylvania State Nurses' Association, York, Pa., October 23, 1929.

Sometimes it seems as though it is easier for a nurse to give difficult treatments or to wage a constant fight with typhoid germs than to remember that cheerfulness is like medicine in a sickroom, or that a person who is sick often has acute hearing and must never be discussed, even in a stage whisper, just outside the sickroom with the doctor or an anxious relative.

We laymen are far from blameless, and if I complain of the nurse who will not stay a minute over time, even though there is need for a little extra attention, you can tell me of the patient who is always encroaching upon the nurse's willingness; if I speak of the nurse who wearies her patient with accounts of former cases or petty gossip—sometimes with truly mischievous results—about the families in which she has lived, you can tell me of patients who are constantly asking to be amused. If I grow indignant about nurses who never volunteer in any way to help outside of the sickroom and often give only the most superficial care to that room, you can be equally indignant about patients who expect you to do the housecleaning and cooking in addition to nursing. If I censor nurses who upset the entire household and demand supplies and appliances which nearly bankrupt the family, you can tell me of places where the cook makes herself as disagreeable as possible and the patient expects you to give excellent care with no supplies at all. We probably could keep this sort of thing up until well into the evening, and in the end we would be quite irritated with each other and our conception of nursing would be in no way enlarged—for all these are things that a good nurse or a good patient does not do. Yet I cannot be silent about these things, for there is much complaint about them on both sides, and there is this difference—for the laymen these are individual faults of character and disposition; in the nurse they become professional faults, likewise, and lower the ethical standard of the whole profession. I know that you yourselves are taking the lead in trying to solve the problem of the nurse who does not quite measure up to the high level you have set. Perhaps it is to be done, as in the public health branch, by better organization and supervision, and yet almost the finest thing about private duty is the opportunity a nurse has for doing splendid independent work.

Perhaps the solution will be what we all feel to be necessary, a more uniform standard for training schools and hospitals and elimination of those who do not meet the requirements from the professional field, with a sharp distinction in salary and position between the well-trained graduate nurse and the partly trained or untrained helper. The final solution of this and of the other problems involved must come from patient study and experiment and coöperation between the nursing profession and the public.

Every time I have a graduate nurse in my home who does not speak correctly, who cannot read intelligently, who has no knowledge of what is happening, even in the medical world, who has no interest in raising the standard of her profession and no ambition to educate herself more thoroughly, who thinks only of her pay and not of the satisfaction of doing a good job, I wonder why I am expected to regard her as a member of a profession or even of a trade. We cannot afford to pay a professional salary to this type of nurse who often has had much less training in bedside nursing and in theory than a nurse needs. A woman's personality is, of course, the primary factor in her ability as a nurse,

but if her salary is to be determined by a professional standard, her education and training should also meet that standard, for the protection of those who do meet it and of the layman who assumes that a graduate nurse has had adequate preparation.

Any profession which is not constantly advancing in its ideas and its practice is a stagnant profession, and that is far from true of nursing which, with almost dizzy speed considered in the long perspective of history, is expanding in its function of caring for the sick, its ideas of what is necessary for good training, and its conception of professional economics and organization. All this means constant study on the part of the nurse, even after graduation.

As the doctor's knowledge of cause and effect has increased in the realm of health and his field of work has expanded, the field of the nurse, his assistant and ally, has likewise broadened, and many of you have kept step with every advance. However, it does look to us on the outside as though the division of private duty nursing, as a whole, has lagged somewhat and been a little slow in visioning itself as an educative force for raising the health standards of the community. A doctor has said: "There is no such thing as public health as distinguished from private health." Public health is nothing more nor less than the sum of the healths of the individuals composing a group. In what is called the public health service, the doctor, the nurse and the public have realized that, quite as important as the actual nursing which the district or visiting nurse does, is the opportunity she has to teach the underlying principles of health and some simple rules to prevent the spread of disease. It has taken us longer to realize that the need for instruction is nearly as great, if not so obvious, among those with whom the private duty nurse comes in contact, and that her opportunity for constructive teaching is for the most part better than that of the visiting nurse, for she is not so often hampered by poverty and she usually finds a more intelligent pupil. Though the need is not so apparent, her responsibilities as a teacher should never be neglected. A nurse on a maternity case should not leave without having instructed the mother in every detail of the daily care of the baby, how to use those simple remedies which are so often ordered for a baby, such as suppositories, and how to take a baby's temperature.

To many of you it may seem unnecessary to mention these things, but recently I have had two such instances brought to my attention: one where the mother had no idea how to use a suppository ordered by the doctor, and the other where the mother had to call upon a visiting nurse to teach her to bathe her baby after the private duty nurse had left. The baby was then three weeks old and the mother had never seen the nurse bathe or dress it, much less had she been made to do so herself under the supervision of the nurse. You may feel, as I did, that the mother was somewhat to blame, but that does not excuse the nurse for what I consider neglect of duty.

I, myself, was singularly ignorant when I was first called upon to care for a baby, and I can never be too grateful to the nurse who taught me how to use a suppository and a syringe, the principles of proper clothing, and more about training a baby. Right here let me say that I think the nurse has a very definite responsibility, for the way in which she starts the baby and teaches the mother to handle it has a lasting influence on the relationship between the mother and child. A

well-trained baby brings great happiness and satisfaction, but a spoiled baby is often a burden and leads to a nagging, unhappy relationship and much heartache later on.

Knowledge, even more than wealth and social position, carries with it responsibility, and because of her special knowledge a graduate nurse should never leave a case without having been a teacher both consciously and unconsciously. It is this great opportunity to be a truly educative force which private duty nurses, as a whole, are missing. For it is not only in the definite rules in regard to sickroom procedure that the graduate nurse has a responsibility for education, she should be everywhere and at all times a disciple of health, and by word and example should preach the beauty and necessity of healthy bodies and healthy minds. No one can do this so well and so effectively as she, for no one else comes into such close contact with us or has so much influence on our health attitudes and habits as the graduate nurse; and if she is adequately trained and has the vision, she, more than anyone else except the doctor, can set our feet on the pathway toward the ideal of physical perfection and positive glowing health for everyone.

This is her primary and special contribution towards the general progress of the world, but I have visioned the graduate nurse, not only as an educative force along the lines of physical health, but also as a broadening, humanizing influence in the world. The nurse is with us, as I have said, in the most searching experiences of our lives—in birth and death and suffering—and therefore, as few others do, she knows people as they really are, knows the weaknesses and meanness of men and women, and knows also their greatness and heroism; through her experience she should gain a deeper, truer understanding of humanity than is possible for many of us. Hers, therefore, is a responsibility so to live and speak that those with whom she comes in contact shall in some measure share this great understanding and shall have their sympathies and horizons broadened. Hers is a strategic position in which to break down barriers of race and creed by her influence and to spread ideas of good citizenship. In order to do this, she must be not only a good nurse but a good citizen, interested in the problems of her community, intelligent in regard to the laws under which she lives, willing to vote whenever possible, and aware of the significance of events in other parts of the world.

I listened recently to a report of the meetings of the International Council of Nurses held in Montreal and I was deeply impressed with the influence for international peace which such an organization could have. Thousands of nurses all over the world with the same professional ideals exchanging ideas and working together to perfect methods, so that never again can they be utterly alien to each other, and whether you are Chinese or Filipino or Italian or American, there is a bond between you, and by coöperation and perception of your likenesses you may do much toward the establishment of world peace.

Dr. Biggar, the National Commissioner of the Canadian Red Cross, says of you: "You can make yourselves the torch bearers of the new civilization, the civilization the world is waiting for, when we will have realized the ideal of medicine which is, by prevention, to defeat disease and lengthen men's days, but still more, in the ultimate issue, to emancipate the imprisoned splendor of the spirit."

Our Contributors

We have placed Miss McCormick's article on the first page as a reminder to nurses that without the public there would be no need for nurses. It is predicted that in learning to "Tell the Public" we shall learn a great deal about ourselves that has been obscure.

Dr. LeGrand A. Damon prepared the paper on the "Epileptic Psychosis" for a class of trained attendants at Craig Colony, Sonyea, N. Y., and Mrs. Mabel W. Doran, R.N., Superintendent of Nurses, thoughtfully shares it with *Journal* readers.

Mary Margaret Mackey, R.N., is Executive Secretary of the Third District of the Minnesota State Registered Nurses' Association. She had active and varied experience in both public health and in private duty nursing before assuming the duties of Executive Secretary and Registrar. She is a graduate of St. Mary's, Minneapolis, and has had postgraduate work at the University of Minnesota.

Lelia B. Townsend, R.N., B.S., Educational Director in the Neurological Institute, Medical Center, New York City, is a graduate of Presbyterian Hospital, Chicago, and of Teachers College, New York City.

Augusta M. Condit, R.N., is Associate Director of the Instructive Visiting Nursing Association of Columbus, Ohio, and Director of the Board of Health Nursing Service in the same city. Coöperation is more than a mere word in Columbus.

Dr. Burgess, whose Grading Committee staff has been doubled and all working at top speed, still found time to make a contribution to this issue.

Anne Penland, R.N., of the Presbyterian Hospital, New York City, who has a glorious record as a war-time anesthetist in France, is equally alert in times of peace.

Brooke Peters Church has prepared for us, in addition to "Michael Angelo," which appears in this issue, an article on Rembrandt. The editors are eager to know if nurses enjoy these excursions into delightful but non-professional fields.

Gladys Bailey has not yet graduated from the Hillman Hospital whose new residence she describes so vividly.

Laura M. Victor, R.N., a graduate of Johns Hopkins Hospital, for five years has been an instructor at St. Elizabeth's Hospital, Richmond, Va.

Wilhelmina Noordyk, R.N., graduate of the Methodist Episcopal Hospital School of Nursing, Brooklyn, N. Y., has worked in India since 1917. During a furlough in 1925–1927, she took the "Added Experience Course" at the Presbyterian Hospital, New York.

Josephine N. McClellan, A.B. (Mrs. William) is President of the Visiting Nurse Association, Spring Grove, Pa. She is also the mother of four children and so has first hand knowledge of nurses.

During the five years she has been Supervisor of the Nursery in the Kansas City General Hospital, Mary Katherine Harwick, R.N., has put her ingenuity to work. She shares some of her thinking and planning with our readers in this issue.

As *Journal* readers know, Marian J. Faber, R.N., M.A., is Assistant to the Dean of the Cook County School of Nursing, Chicago, and, among her other activities, gives postgraduate courses in Mental Nursing.

Ann Blumenthal, R.N., a graduate of Michael Reese Hospital School of Nursing, Chicago, and author of *Solutions and Dosage*, is Director of Education in the School of Nursing of the Hollywood (Clara Barton Memorial) Hospital, Hollywood, Calif. She believes that any system for properly revolving students should embrace the points brought out in her paper if it is to operate to the maximum advantage of both the student and the hospital.

Blanche Graves, R.N., B.S., is Supervisor of Nursing in Meyer House, the handsome and well-equipped private pavilion of Michael Reese Hospital, Chicago. She has worked extensively with case studies, as her experience includes a year and a half on the staff of the Yale School of Nursing.

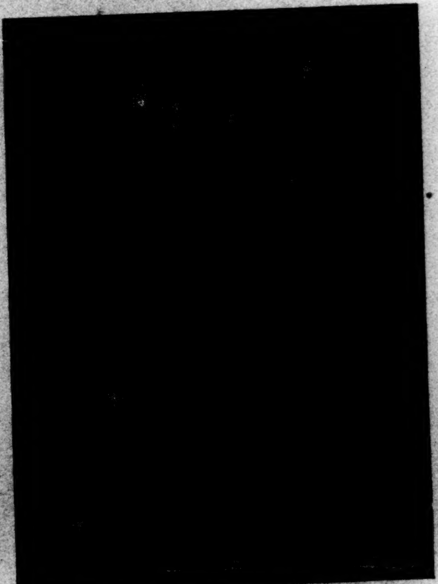
Elizabeth M. Jamison, R.N., B.A., who is Superintendent of Nurses at Fabiola Hospital, Oakland, Calif., is a woman of unusual sympathy and understanding.

The *Public Health Nurse* will carry an article on Scholarships for public health nurses in its February issue.

The "Pride of the General"—Its Babies

MARY KATHERINE HERWICK, R.N.

THE tiny bit of life born prematurely into the world today has a much greater chance of developing into a robust, healthy child than it had a few years ago. This is due not so much to the splendid modern hospital appliances for infant care, as to the better understanding and the improvement in methods used by nurses.



SHOWING TOP OF PREMATURE CRIB

At the General Hospital, the methods used in caring for these babies have been attended with splendid results, and have brought along into vigorous babyhood many infants who did not appear at birth to have even a fighting chance of life. The nursery plan is rather an individual one in the idea of having full-term, premature and isolation cases cared for in the same room and under the same nursing supervision. The nursery is located in the airiest, sunniest wing of the building, so that the fresh air, ventilation and sunlight problems solve themselves. The nursery is 30 by 33 feet and contains enough cribs to care for an average of thirty infants, besides the special cribs used for prematures and the isolation cubicle.

We speak of any child born before the full nine months period of expectation as premature, and weight is one of the most important factors in this child's future development. Those weighing four pounds and over at birth are not such a problem, but those weighing less require the most understanding care and constant attention.

The special cribs used for prematures, which have almost entirely displaced the old incubator idea in the General, as well as in other large hospitals, are made in what might be termed a home-made and inexpensive style. A regulation-size crib is enclosed by an arrangement of folded sheets, pinned closely around the sides to form a cloth cabinet. The folds, which are of several thicknesses, are brought across the sides and ends of the top, leaving an open square in the center. A mattress is placed in the crib and the entire inside is covered with quilted padding. There is a space, of at least eight inches, along the sides and the foot where hot water bottles can be placed, with the water as hot as is needed, for there is no possible chance of the baby coming in contact with them. This cloth arrangement allows the correct modicum of air to filter through the cabinet with constant heat maintained by the hot water bottles.

The premature is dressed in a band and diaper, both of extra softness, and is then put into a special jacket which

completely wraps him about. This jacket is a strip of cheesecloth or gauze 18 inches wide and 42 inches long, with an interlining of cotton, quilted, and the edges bound together. The weight of the jacket, complete, is five ounces. It is folded in the center, and a round opening about four inches in diameter is made at the middle center of one side. This circular opening is just large enough to allow the eyes, nose and mouth of the infant to be exposed. All clothing worn by prematures is washed by hand to ensure softness, as well as absolute cleanliness and sterilization.

A routine of established technic is followed in caring for these babies except in unusual cases where special treatment is required. Every effort is made to reduce handling and to avoid exposure. The feeding is with breast milk when possible; if not, a prescribed formula is used.

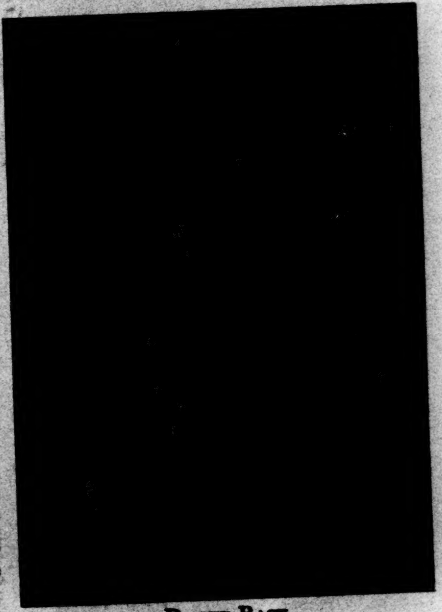
A mother's milk station has recently been established at the General where breast milk may be obtained for all premature and under-weight babies and for those whose mothers cannot nurse them. This milk station is a general service made available through the work of the hospital committee of the Woman's City Club and the hospital executives. It is supervised by pediatricians of the hospital who vouch for the health and freedom from disease of the mothers and for the methods of cleanliness used in obtaining the milk. The operation of this milk station has been of incalculable value. Before this station was opened, mother's milk was obtained only through the agency of a wet nurse and was not always available.

A cubicle for isolation cases, built of movable glass partitions, occupies one corner of the nursery. If there are a number of isolation cases at the same time, glass partitions are placed between the cribs to prevent cross infection. These sections can be folded back into a small space when not in use.

There are several simple devices used in the nursery that are just a little different from the usual type and that add to the comfort and well-being of the infants and to the convenience of the nurses in charge. Instead of the old-style cheesecloth and cardboard "mit" which fastens a baby's hands to his body in cases of eye or face infection, a cardboard bracelet, to be placed around the baby's elbows, is used. With these bracelets the baby can move his arms about, but cannot reach to touch his face. The bracelets are made of a strip of soft cardboard (a kind that will roll easily), eight inches long and three inches wide, bound along the edges with adhesive tape. Tape an inch and one-half in width is used, in order to make the edges smooth and the bracelets last longer. A strip of adhesive of sufficient length to hold the bracelet firmly on the infant's arm is fastened to one end of the cardboard to be wrapped around the outside when in use.

The marking system for babies, as used in the General, absolutely prevents any mistakes being made in identity, even though 629 babies were born in the hospital in 1928. Strips of three-quarter-inch linen tape are prepared for use in the labor room. Around the center of this strip of tape several thicknesses of adhesive are wound. The name of the parent is written with indelible ink on this pad of adhesive. As soon as a babe is born, the nurse in the labor room ties this tape securely on his wrist. It is left on until he is taken home; and as soon as he is taken into the nursery, a bead bracelet with the name spelled in bead letters is also put on.

Instead of keeping the diapers in drawers or cabinets, the General has diaper racks. These are triangular in shape, with the front 30 inches in width and the short sides of the triangle each 22 inches. The upright pieces of wood on the front corners are rounding and are set a few inches apart, in order that the ends of the cloth may lie flat. Solid pieces, about three inches in width, form the back upright support. The floor is solid, but the rack is open from all sides so that the diapers may be easily reached.



Diaper Rack

Another simple arrangement which is quite a convenience is a thermometer tray. This is a board, two inches in thickness, smoothed and enameled white, in which tiny pockets have been bored to hold the thermometers when not in use. Strips of adhesive are run between the rows of pockets, pasted to the wood, and the name of the babe using that particular thermometer is written on the tape. At both ends of the tray larger holes or pockets are bored to hold jars containing soap solution, olive oil, applicators and clean cotton. A tray of this sort, 20 by 8 inches, has the four large pockets and places for 40 thermometers. As each thermometer is used, it is lubricated with the olive oil. After use, it is cleansed with the soap solution. Thermometers are disinfected with lysol solution at the termination of each case. This tray arrangement is clean, it prevents breakage and ensures individual use of each thermometer. These trays and the diaper racks were made by the hospital carpenter after designs made by the nursery supervisor. The designs will be given to any one who would like to have similar pieces made.

The International Nursing Review

At the Montreal meeting, it will be recalled, the name of *The I. C. N.* was changed to *The International Nursing Review*. Now, after consultation with the member countries, it has been determined that the magazine shall be known in French and German, respectively, as *Revue internationale des Infirmières* and *Weltrundschau der Krankenpflege*.

The magazine, beginning with the January issue, will appear bi-monthly instead of quarterly. The annual subscription is $2. It is an extraordinary fact that subscriptions increased by only about three hundred after the Congress in Montreal. The magazine is so full of valuable material, it has such an important part to play in our professional development, that every school of nursing the world around should make it available to its students. Individual nurses may profit by its international-mindedness. Two dollars, in paper bills, are easily transmitted to Miss Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

Questions

An Ethical Problem

The writer has knowledge of a nurse who when a student was expelled from a school of nursing for immoral conduct. She was accepted by a second school and was graduated. This woman is now superintendent of a school of nursing and her conduct is far from being a model for student nurses. What can be done to prevent such occurrences? Is it right for schools to accept students who have been expelled from other schools for serious reasons, such as immorality or dishonesty?

Answer.—In some of the states, students who have voluntarily left or have been expelled from one school of nursing may not be accepted by another until the case is "cleared," as it were, by the State Board of Nurse Examiners. This is a commendable practice. It provides an open door for the student who legitimately wants to leave a poor school for a better one. It gives the doubtful case, where emotions and personalities may have clashed, opportunity for impartial investigation and adjustment. It should render it quite impossible for women who might become a menace to the profession and to patients, to go from a school alert enough to face the issue to one more lax in its standards. "Circumstances alter cases." It is probable that an occasional erring student really learns her lesson and will do well in a new environment. Careful evaluation of all the available facts by an impartial committee is a sound method of procedure. The indiscriminate acceptance of students who have been in other schools of nursing gives rise to just such problems as that presented above.

Last year I taught bacteriology and one in the class failed to pass the final examination, also a make-up examination. As her health was not of the best she was sent home for three months and upon coming back did very good work. Recently in discussing what classes she should take I was told by her that she had been given an examination and had passed it. Absolutely without my knowledge, she was given an examination over the course I had taught by the one who will teach it this year but who knew nothing of what I had taught. The superintendent of the hospital gave her a passing grade and I knew nothing about it until the student informed me of it in discussing classwork.

I will appreciate very much your consideration of this matter for I am anxious to do the right thing.

Answer.—It is the custom in well organized schools for problem cases, such as this, to be discussed in conference by the faculty or, in large schools, by an appropriate committee of the faculty, and the course of action is mapped out and agreed upon by those most concerned. The situation described indicates a lack of coördination in the faculty that might easily lead to serious difficulty.

Nurses in Aviation

THE Registered Nurses' Aviation Association of the Civil Air Corps was organized in August, 1929, as a non-profit membership organization. Its purposes are: 1. To promote and prepare for adequate nursing facilities at air ports. 2. To promote "air-mindedness" in the nursing profession when action in emergencies is necessary. 3. To make nurses familiar, through flying experience and instruction, with flying conditions, so that in emergencies where flying is necessary they are prepared to undertake the work. 4. To develop pilots among the profession.

The introductory fee is $25, yearly dues $6. The fees entitle members to 20 lessons in nomenclature. Lessons in actual flying are given at cost, $15 per hour. Physical examination is not required of members unless they take actual flying lessons.

The president of the association is Mrs. Laura B. Richter; its headquarters are at The Palmer House, Chicago.

Editorials

Last Year—and This

THE year just gone was notable in nursing history; the one just born bids fair to be one of adjustment, of expanding thought, of more spacious horizons.

Internationally, the meeting of the International Congress of Nurses in Montreal surpassed all expectations in attendance, in its very perfection of hospitality, and in excellence of programs. There can be no question of its value in promoting international respect and international understanding. It was, for example, useful for American nurses to discover that those from other countries were shocked to discover that we have schools in hospitals of less than 100 beds.

Nationally, the meeting of the National League of Nursing Education, in conjunction with the American Hospital Association, was an important milestone in our professional history and in coöperative relationships.

The extraordinary zeal with which two-thirds of the schools of nursing in the country participated in the voluntary first self-survey under the auspices of the Committee on the Grading of Nursing Schools was deeply significant. It proved that a statement made by Miss McIsaac, then Interstate Secretary, at a meeting of the N. L. N. E. in 1912, still holds: "The common good for which we strive can be stated in six words — better schools, better nurses, better service."

Basing its programs largely on the findings of the Grading Committee, as published in *Nurses, Patients and Pocketbooks*, the American Nurses' Association undertook a comprehensive study of registries, the focal points for the distribution of private duty and various other types of nursing service. It devoted much time to the problems of the patient of moderate means. Through its efforts private duty nurses are more keenly "patient-conscious" than for many years. It carefully and sympathetically studied the grave problems of the unemployed or infrequently employed nurse. Through its study of the Relief Fund, it is more closely in touch with the lives of unfortunate nurses than ever before.

Individual nurses, throughout the country, have awakened to the fact that nursing cannot stand still; they are discovering that Lowell's phrase, "Time makes ancient good uncouth," is sometimes true of our profession; they are avidly studying suggested solutions of their own problems in the light of new knowledge; they are becoming receptive to new programs and new patterns of professional work with a view to a greatly broadened nursing service.

The Bordeaux Memorial to those who fell in the World War was generously completed.

The *Journal* gave its readers the largest number of text pages in its history. It is being cordially received by a larger number of nurses than ever before. From the profession itself it has received an ever improving supply of manuscripts, of

stimulating suggestions, of cordial coöperation.

In the states much constructive work is under way. Just one year after the Louisville meeting, the Kentucky State Association listened to an extraordinarily fine and comprehensive report from one of its committees on "The Distribution of Nursing in Kentucky." Smaller, but illuminating, studies were made in at least two states, Ohio and Pennsylvania. It is probable that all state associations are more thoroughly conversant than ever before with the fundamental facts of quality, of employment, and of distribution within their borders.

The year before us will bring completion of some of our self-imposed professional tasks. Already new programs are in the making. A study of alumnae associations by the American Nurses' Association is under way and an Executive Secretaries' Institute is planned for the early summer. When the study of registries, or of bureaus of nursing service as they will probably come to be known, is completed, a set of minimum standards will doubtless be made available for the future guidance of these extremely important administrative units.

The schools which are being studied by the Grading Committee will receive their confidential reports in the late spring. The impatient are reminded that the first grading is a colossal task and that the material gathered is both more voluminous and more valuable than the committee hoped or expected. The national nursing organizations have been fortunate in securing for the first six months of the year the services of Stella Goostray who will devote her time to professional problems referred by the Grading Committee.

As the work of the Committee on the Cost of Medical Care goes on, it is hoped that coöperative programs may be worked out, to the advantage of patients, doctors and nurses.

The problems confronting the profession are grave ones. About two years ago we were warned by the Grading Committee that the country had an over-supply of poorly prepared nurses. Standards of admission to many schools of nursing have been raised as a result. Little has yet been done to check the over-supply but, increasingly, graduate nurses are offered and are accepting opportunities for steady employment and stable income as staff nurses in hospitals, thus stabilizing the care of patients.

Much remains to be done. "Better schools—better nurses—better service" is still the slogan of the nursing profession. As 1930 opens, we see many opportunities for advancement. Month by month the *Journal* will endeavor "to stimulate minds to activity in consideration of present-day problems, under restraint of lessons of the past and under spur of imagination as to the possibilities of the future."

Our Mental Wardrobes

WHAT style thinking are individual nurses doing as the old year goes and the new one comes? We wouldn't think of wearing the leg-o'-mutton sleeves of the nineties because that would immediately "date" us—show us to be outmoded. What of the style and quality of our thinking? Is it in step with that of other social and professional groups? Is the care of the patient, actual or potential, the foundation garment on which all else is built? The authors of "Middletown" write that Middletown, a rather typical middle-sized city, "may be observed to employ, in the main, the psychology of the last

century in training its children in the home, and the psychology of the current century in persuading its citizens to buy articles from its stores." Doubtless equally wide variations may be found in its thinking about health and about nursing service. Nurses should be the leaders in planning types and patterns of service. They should probe and search for solutions to those problems which sometimes take the tragic form of actual lack of care for patients and, paradoxically, of unemployment for nurses.

Proverbially, this is the season for self-analysis. It is suggested that, as professional women, each one make a self-appraisal of her mental wardrobe to find out if she is using the exact patterns of thought with which she was graduated or if her thinking is in accordance with the times. The items on the list to be checked might not be identical in any two cases, but we venture to suggest a few general headings. A major heading might be: "Do I know more about the technic of my own job than I did last year? If so, how did I learn it? By reading? By observation? By postgraduate work?" If all, or most, of the answers are negative it is clear that, if the individual wishes to be competent and happy in her work, something should be done, for perfection in nursing is a distant but alluring goal to most of us.

Other leading questions might be: "Do I know more about the relation of my own job to the profession as a whole? Do I know more about the profession, its aims and aspirations and its place in society, and its relations to other professional groups, than I did a year ago?"

No one can answer such questions honestly without evaluating the place of professional literature, professional conferences and conventions, and other media for the exchange of ideas. Professional groups are constantly finding new means for sharing knowledge. It is probable that we shall have more summer courses this year than ever before and that they will be within fairly comfortable travelling distance of all parts of the country. Extension courses for nurses are becoming available. For example, the University of Virginia is giving, in Richmond, courses in Teaching and Supervision in Schools of Nursing, and the University of Wisconsin is doing the same thing in Milwaukee. In New York City the local League has provided some extremely interesting courses for similar groups.

Colleges and universities all over the country give proof that nurses are believers in adult education. Many are bringing the style of their thinking up to date. Some are enrolled for professional courses, others for cultural courses or for combinations of the two. Nurses are women first and nurses afterward. Anything that enriches and expands our thinking enriches our lives both as women and as nurses.

Styles in thinking are not quite so obvious to any but the thoughtful as styles in clothes. They are vastly more important to nurses and to patients of the present and the future.

The Maternity and Infancy Bill for 1930

FORTY-FIVE states, and Hawaii, were coöperating with what has come to be known popularly as Shepherd-Towner work. When the period had expired, on June 30, 1929, for which under the Shepherd-Towner Act federal aid could be given the states, it was found that fifteen states and the territory of Hawaii, only, reported that their legislatures had appropriated for the continuation of

maternal and infant welfare work an amount equal to the combined federal and state funds which were expended during the last year under the act.

The last Congress adjourned without having acted on what is known as the Newton Bill which would provide for a continuation of this work, although the Committee on Interstate and Foreign Commerce of the House of Representatives had reported favorably on a measure to continue in effect for five years, ending June 30, 1934, the original Maternity and Infancy Act.

Nurses, especially public health nurses, have watched the course of this legislation with deep interest and anxiety. Our nation's deplorable maternal mortality is known to every nurse. The results of the work under the Shepherd-Towner Act are not so well known, for we have still far to go, but substantial reduction in the infant mortality rate in both cities and rural districts has been made during the period in which the act has been operative. In 1921 the infant death rate for the United States, birth registration area was 76 per 1000 live births, and in 1927 it was 65. In 1927, 24,500 babies survived their first year of life who would have died under the conditions prevailing in 1921. In 1921 the maternal mortality rate per 10,000 live births was 68.2 and in 1927, 64.7.

It is noted that "most of the improvement in infant mortality which has been observed in recent years, occurred in the first year of life, when the conditions affecting the infant's chances of survival were directly dependent upon the mother's knowledge of infant care and upon the external sanitary and economic circumstances of the home." In other words, the benefits that have come as a result of this work have resulted largely from the educational program, starting with the education of the mother over a long period of time.

In his recent message, President Hoover urged the extension of the appropriation and its operation under the Children's Bureau. Nurses should speedily find ways of making known to their representatives in Congress their convictions about the Newton Bill, or the Maternity and Infancy Bill for 1930, based on such facts as these.

Galveston Nurses Extend Journal's *Usefulness*

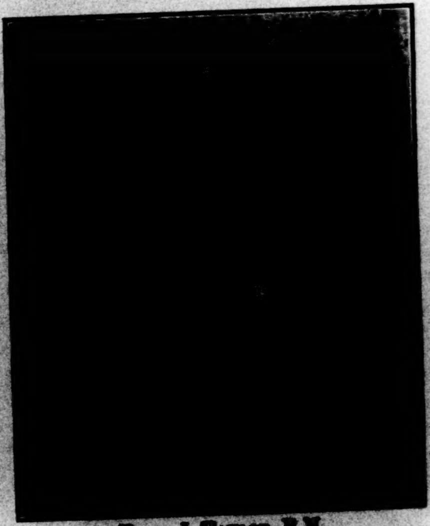
THE Graduate Nurses' Association, District 6 Texas State Nurses' Association, at its regular meeting on December 10 in the classroom of the Nurses' Residence of the John Sealy Hospital, had a program on the American Journal of Nursing *including the history and development of the* Journal, *its organization and a discussion of the main features of the November number. At this meeting the Association voted to place the* American Journal of Nursing *in the Public Library, the Library of the Public School and the Reading Room of the Y. W. C. A. of Galveston. Since arousing community interest and a sense of community responsibility seem to be great needs in the progress of nursing today, the Association feels that one of the best ways of accomplishing this is to place the official organ of the American Nurses' Association in the hands of the reading public.*

Some Specialists

Effie J. Taylor, R.N.

LEADERS of great orchestras are known for their skill and artistry with some one instrument, such as piano or violin, before they become conductors. Like that of an orchestra, the direction of a nursing service requires the knowledge and skill to blend many parts into an harmonious whole. Such leaders are usually chosen for their posts because of the ability demonstrated in some one branch of nursing.

There the analogy stops, for while the orchestra leader cherishes his skill and virtuosity, the nurse tends to lose her interest and her special skills because of the administrative demands made upon her. Because the future of nursing depends upon demonstrable nursing knowledge and skill, and also because of the growing importance of psychiatric nursing in relation to all nursing, the editors of the *Journal* are happy to begin its series of "Some Specialists" with Effie J. Taylor.



EFFIE J. TAYLOR, R.N.

Miss Taylor demonstrates that it is not necessary for the nurse administrator to lose her special interest whatever it may be. As Superintendent of Nurses in the New Haven Hospital, with its busy wards which are the teaching field of the Yale Medical School and of the School of Nursing, she is an extremely busy woman. This position calls upon all the knowledge and experience built up through her years as head nurse, instructor, assistant principal and associate principal of the Johns Hopkins Hospital School, and that gained as director of a unit of the Army School at Camp Meade. It calls upon the rich experience of her self-limited tenure of office as executive secretary of the National League of Nursing Education. Never for a moment does she forget her responsibility to the patients under her care.

In addition to her administrative duties she is also, fortunately, Professor of Psychiatric Nursing in the Yale School, which will be associated with the new Institute of Human Relations at the University. In complete sympathy with the aims of the brilliant dean of the school, Miss

Taylor sees to it that the students under her supervision learn to nurse the whole patient and not merely the symptoms of diseased or injured organs.

Miss Taylor won the title of "specialist" fairly. A graduate of the Johns Hopkins Hospital School of Nursing and long a member of the faculty of that school, she did post-graduate work in both private and state mental hospitals in New York, Rhode Island, and Massachusetts, preparatory to organizing and directing the nursing service of Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital. At the Yale School, where student nurses are taught the care of the whole patient, mind and body, she has had, as her title indicates, unusual opportunities to promote the development of psychiatric nursing. Maintaining always a keen interest in nursing school administration and in the administration of hospital nursing service, and constantly in demand for papers and addresses on related subjects, she has, none the less, found time for active participation in programs relating to her own specialty. At the present time she is chairman of the Mental Hygiene Section of the American Nurses' Association; member of the Connecticut and of the national Committees on Mental Hygiene; and member of the Advisory Committee on Program of the First International Congress on Mental Hygiene, to be held in Washington in the spring.

Miss Taylor has a Bachelor of Science degree from Columbia and an honorary Master of Arts from Yale.

Just as Mr. Damrosch is known as a brilliant pianist as well as a great conductor, or Mr. Stock as a violinist and conductor, so is Miss Taylor a specialist in psychiatric nursing as well as the administrator of an important nursing service. She, too, endeavors to create harmonies which enrich the lives of students and of those whom they nurse.

The Doctor's Wages

"AT the end of a long siege of illness and convalescence, a family in the middle class finds itself heavily in debt. . . . This condition has long been recognized. In justice to the medical group, the existence of which must be reckoned with in every solution of the problem, the attack on the problem must not be made, first of all, by hampering them, by ruling them out of the discussion, by organizing agencies in which they will not be properly consulted and their interests safeguarded. It is possible perhaps by very large voluntary gifts on the part of those who can comfortably afford them, to raise the endowments of hospitals so that hospital charges shall not appear so heavily on the bills. There may be a way of arranging for group nursing on the part of the hospitals, so that the hospitals pay nurses, let us say on the wholesale plan, rather than have the patients pay them on the retail plan. The nurses, of course, have to have their income. They, too, must live and pay their bills. Society ought to pay the cost of the brick and stone and instruments and such like. That for the middle class would wipe out a very considerable part of the cost of sickness without damaging the living factors—physicians and nurses. Damaging the nurses and doctors would end in damaging society. There is nothing compelling anyone into medicine or nursing except a favorable chance for service and livelihood."—From *The Reform Advocate*, quoted in The American Medical Association *Bulletin*, October, 1929.

The Committee on the Cost of Medical Care

THE Committee on the Cost of Medical Care, like the Committee on the Grading of Nursing Schools, is a definite expression of the need for reconciling social lag with scientific advancement.

The committee now has approximately fifty members drawn from the fields of medicine, economics, various phases of public health and hospital work. It has eleven representatives of the general public. Dr. Ray Lyman Wilbur is Chairman and Dr. C.-E. A. Winslow Chairman of the Executive Committee. Elizabeth G. Fox and Mary M. Roberts are the nurse members of the committee. Members recently added to the committee are:

Dr. Ambrose Hunsberger, a member of the American Pharmaceutical Association and of the National Drug Trade Council; Dr. William F. Ogburn, President of the American Sociological Society and Professor of Sociology at University of Chicago; Dr. C. E. Rudolph, a member of the Board of Trustees of the American Dental Association; Dr. Alphonse M. Schwitalla, S.J., President of the Catholic Hospital Association and Dean of the School of Medicine of St. Louis University; and Dr. John Sundwall, Professor of Public Health, University of Michigan.

A carefully selected research staff, under the direction of H. H. Moore, Ph.D., author of *American Medicine and the People's Health*, has been at work for more than two years. Three of the seventeen studies have been completed, and may be obtained on application to the committee. These are a compilation of existing material on (1) "The Extent of Illness and of Physical and Mental Defects Prevailing in the United States," (2) "A Survey of Statistical Data on Medical Facilities in the United States," and (3) "Hospital Service for Patients of Moderate Means."

The studies are of deep significance to nurses. Nurses know that a large amount of existing illness might have been prevented just as they know that much can be alleviated if not cured. They know that nurses have a place in prevention, in alleviation, and in cure. How many nurses of various sorts are needed? No one knows. The studies of the Committee on the Cost of Medical Care give promise of data which will be distinctly helpful in formulating more precise programs. For example, it is startling to find "that people are, on the average, disabled by illness *at least* once annually, the rate varying as follows by sex and age: men about once a year, women from once to twice, and children over twice per school year of 180 days." "Adult males lose seven to eight days per year on the average, and adult females lose eight to twelve days." In general, according to the report, wage earners lose at least 250,000,000 work days per year and school children lose 170,000,000 days per school year.

Apparently the diseases which caused a high percentage of loss of time were:

Colds and bronchial conditions
Influenza and grippe
Digestive diseases and disorders
Diseases of the pharynx, tonsils and larynx
Non-venereal diseases of the genito-urinary system and annexa
Diseases of the skin and cellular tissue
"Headache"
"Rheumatism"

The diseases which, in 1927 in the United States registration area, caused most deaths were:

Diseases of the heart
Pneumonia and influenza
Cancer
Nephritis
Cerebral hemorrhage and softening of the brain
Tuberculosis

Congenital malformations and diseases of early childhood (excluding diarrhea and enteritis)
Diarrhea and enteritis

Those which most frequently cause demand for a physician, as reported in a study in New York state, are:

Colds, bronchitis and grippe
Digestive disorders (excluding diarrhea and enteritis under two years)
Surgical cases—operative, traumatic (excluding gynecologic)
Neuroses
Diseases of children (excluding communicable diseases and diarrhea and enteritis)
Tonsillitis
Gynecologic cases
Heart disease
Arteriosclerosis
Chronic arthritis

Such figures as these, together with data on physical defects, obviously should have a distinct bearing on the preparation and distribution of nurses, for "some of these diseases and conditions rob the nation's people of their vitality and destroy their efficiency; others lead to sudden death and the premature cutting off of life. This continuance of disease, part of it preventable, indicates a field for the more widespread and efficient utilization of preventive and curative measures now known."

The second report begins with the striking statement: "There are approximately 1,500,000 persons estimated to be employed in connection with the care and prevention of illness. This army is greater than the population of a city as large as Detroit!" "Of these it is estimated that 200,000 are trained nurses, 151,996 practical nurses, and 55,000 midwives. Apparently the distribution of physicians is extremely uneven, and the younger men tend to congregate in cities. The study does not present conclusions; indeed the committee refrains from presenting any conclusions until essential data shall have been secured through other studies."

Changes in physical structure of hospitals show the influence of the "patient of moderate means." The size of wards tends to decrease. "The proportion of beds in semi-private rooms increased over the twenty-year period from ten percent of the total number of beds in the hospitals designed in 1908 to twenty-three percent in 1928." "Twenty-one hospitals reported that their contemplated new construction is to be *primarily* for the use of such patients," an outstanding example being the three-hundred bed hospital for patients of moderate means soon to be opened by the Massachusetts General Hospital. "Inclusive charges for three forms of hospital service, which have been encountered during the course of this study, cover all the care required by patients during their entire hospital stay. These are: obstetrical service charges, tonsillectomy service charges, and diagnostic service charges."

The study presents data on reduced charges and on deferred payments, but further study of fundamental problems of cost needed.

"Magazines and newspapers were discussing the cost of medical care before this committee came into existence. They continue to do so. It is to be remembered that while the committee will continue to issue reports from time to time as the various studies, of which there are seventeen all told, progress, "until such time as the full facts may be made available regarding the many phases of the problem involved in the provision of adequate, scientific medical care for the people, the committee, it should be reiterated, will have no recommendations whatsoever to offer."

The Value of Psychiatric Nursing as a Method of Teaching Mental Hygiene to Students[1]

MARION J. FABER, R.N.

IT is, I think, generally agreed that the most difficult of all periods of adjustment in human beings is the period of adolescence. The difficulty is that of establishing normal reactions to newly awakened natural urges and impulses. It is also the opinion of many mental hygienists, I believe, that a very large number of mental patients are individuals who have not been successful in establishing such normal reactions during the period of adolescence or during periods in which there have been physiological disturbances in the body combined with unusual stresses of environment and a constitutionally inferior nervous system.

Surely the student nurse in learning how to care for mental patients should see her own difficulties in exaggerated form as they appear in the mental patient. But what a six or eight weeks' practice period in the psychiatric department will add to the student's course in nursing or her insight into her own problems of mental hygiene depends largely upon the following factors:

1. The various avenues of approach used in teaching the student the care of mental illness.

2. The amount of insight and understanding that the student gains in applying the principles of mental hygiene, which she should see that these poor sick obviously lacked, to her own problems and difficulties of adjustment.

3. The ideals, objectives and preparation of those under whose direction the student is trained in this department.

Several avenues of approach might be suggested as feasible in giving the student a proper background for her work in psychiatric nursing and for her understanding of her own individual problems of mental hygiene.

As an introduction to her lectures in mental disease nursing and preliminary to her practice in the care of mental patients, the student might be given a short course in mental hygiene, this course to consist mainly of frank class discussion of previously suggested topics and references, assigned each week, germane to the topic under discussion. The discussion of various personality difficulties and their causes, unsatisfactory compensations, such as inferiority and superiority complexes, the gravity of such traits as suspiciousness, shyness, worry, extreme anxiety, over-conscientiousness, seclusiveness, the effect of repressions, conflicts and rationalization, extraversion and introversion as they affect one's behavior toward others and one's choice of a career, should all be very stimulating and helpful to the

[1] Presented for the joint annual meeting of the Illinois State Nurses' Association and the Illinois League of Nursing Education, October, 1928.

student in her understanding of the more morbid reactions of frank mental disease. References of a rather general nature concerning the influence of heredity and environment in shaping the lives and destinies of human beings should form a part of the student's general information in this course.

The extravert and introvert temperament and its bearing on our profession as a vehicle of success should be discussed at rather greater length because nurses as a group, as has been shown by one psychologist, are usually extraverts by nature. He states that nursing seems to bring to its ranks women who take a lively interest in things about them who, as a rule, have to be successful in working with others, in order to be successful at all. Yet it is generally agreed among professional women that the nurse is the poorest sportswoman of them all. She has, so far, seemed to have little outlet for her great interest in outside affairs except her daily round of duties. Her work in the past has been her only means for developing stamina or persistence in playing the game, or in the stiffening of her moral fibre. The student should be led to see the error of this method. She should see clearly that a fair amount of competition in good outdoor sport is the normal method of developing training in fair play and coöperation, the ability to maintain emotional balance in a crisis, modesty in victory, self-control in defeat; that hours for recreation and good wholesome companionship and stimulating reading are an absolute necessity to the mental happiness and normal development of any young woman. The extravert, she learns, is sociable, serene, friendly and accessible, while the introvert is taciturn, impenetrable and shy.

Among other things, she learns that in hysteria, which is the most frequent extravert neurosis, there is a constant appeal to the world for interest, and a constant conscious effort to produce impressions on others. Such an individual is also highly suggestible and pliable.

Psychasthenia, on the other hand, is a malady characterized by extreme sensitiveness and a great liability to exhaustion and chronic fatigue, and is an extreme form of introversion. The introvert has a tendency to be indifferent, lacks practical ability, is stubborn, headstrong, cannot be influenced in the pursuit of his own ideas, but shows a strong suggestibility to personal influence and hence is often taken advantage of; while the extravert is a practical individual because of his quick adaptability to environment and his wholesale taking over of ready-made ideals and ideas. In conclusion we might say that it is generally agreed that the introvert is at a disadvantage where rapid action is required, but arrives at a more logical and profound solution of problems than the extravert.

In such a course in mental hygiene the relative importance and seriousness of the various traits of character and personality, as they make for or hinder our efficiency in dealing with others, should be discussed. The differential values of various traits should be based upon their effect on mental happiness and efficiency. E.K. Wickman of the Institute for Child Guidance in New York City has published an extremely convincing book called *Children's Behavior and Teachers' Attitudes*, which brings out the fact that behavior in a child should be considered good or bad only on the basis of its seriousness for the future; that teachers, because they are under pressure to educate children according

to a certain pattern or curriculum into which a child must fit, fail to see the far greater seriousness of certain traits which a trained mental hygienist knows may make or wreck the child's future as a useful citizen.

This point, I think, can be best illustrated by citing a few of the traits considered grave to the future of any individual by the hygienist and comparing them with traits which caused the teacher anxiety. The hygienist considered some of the following serious: (1) stealing, (2) cruelty, (3) temper tantrums, (4) nervousness, (5) suggestibility, (6) unhappiness and depression, (7) resentfulness, (8) physical cowardice, (9) suspiciousness, (10) unsociableness, (11) over-critical of others, (12) sensitiveness, (13) shyness, (14) sullenness, (15) selfishness.

The teacher, on the other hand, considered the following traits as presenting particularly difficult problems from her viewpoint: (1) masturbation, (2) obscene notes, (3) untruthfulness, (4) impertinence, (5) destroying school materials, (6) profanity, (7) impudence, (8) disorder in class.

Shyness, sensitiveness, overcriticism of others, and unsociability were put at the bottom of the list by the teacher, and yet our work among mental patients teaches us that these traits are found in exaggerated form in the major forms of functional mental disease. The teacher, as are most of us, is concerned with the behavior problems of the immediate present, while the mental hygienist is concerned mainly with the problems of the present only as they handicap the individual in his future adjustment to the world. The mental hygienist, therefore, stresses unsocial forms of behavior while the teacher stresses anti-social forms of behavior. The hygienist realizes that unsocial behavior, if allowed to become a permanent, characteristic reaction, will lead later to the serious maladjustment of the individual. The teacher, on the contrary, stresses anti-social behavior because this type of behavior interferes with the educational achievements of children.

This course should bring to the student's knowledge certain data concerning inherited traits: that a child who has convulsions has a hair-trigger nervous system, and needs careful continuous protection from overstrain; that such diseases as chorea also show a certain amount of nervous instability; that a weak constitution, badly trained, often gives way before a trivial problem; that the symptoms of mental disease are present and growing for years; that the mind does not give way suddenly; that the most aggravating factors in our lives are not the large affairs, but the small ones; that such diseases as influenza, the exhaustion of pregnancy or menopause, are only predisposing causes in the dissolution of an already constitutionally unstable nervous mechanism; that, if psychotic trends are discovered early enough, the environmental situation can often be modified, or the precipitating factor removed, in order to prevent the actual development of a psychosis.

Instead of discussing with every student, individually, her abnormal traits of character which, to my way of thinking, might make her either self-conscious or inclined to take a flippant attitude, invite class discussion or grant individual conferences upon request from the student. As a fitting conclusion for such a course in mental hygiene, an extraversion—introversion test might be given the group and the results told the student and interpreted for her from the

standpoint of her adjustment in her work.

A course in the study of normal mental activity or, as it is more commonly called, normal psychology, would greatly aid the student in understanding that there is a close relationship between mind and body, also that both heredity and environment play an important part in the development of the individual. With such a background the student will come to the psychiatric department much better prepared to understand maladjusted behavior. She will see in each patient an exaggerated type of maladjustment.

The training of the student nurse in this department might be said to have several objectives to attain:

1. The attainment of certain skills in caring for the various types of mental patients.
2. Some insight into the causes and treatment of mental disease.
3. Some conclusions concerning preventive mental hygiene gained from the social diagnosis, made in the social service department.
4. A sympathy and patience with those mentally ill.

The student finds that a mental hospital is no longer merely an asylum for individuals who have to be confined to protect society, or an asylum to protect these same individuals from society, as the case may be. A mental hospital today is a center for active treatment of the acute case, for scientific diagnosis of all cases, and symptomatic treatment of the so-called chronic case. The mental hospital is being used as a laboratory for the treatment, diagnosis, and study of the causes and prevention of mental diseases.

The mental hospital is the one place in the world where an attempt is made to make conditions so even for the patient that there will be a mininum of stress and strain, where every nurse is a friend, ready to help keep steady. One author says that life is usually too much for both geniuses and mental patients, that each would profit from a period of treatment in such a hospital.

The student learns that the mentally ill patient needs everlasting tolerance and sympathy. To develop such an attitude on the part of the student nurse requires increased resourcefulness, patience and tact. She sees that it is not nearly as difficult to attain intellectual skill with a reasonable mental endowment as it is to attain an emotional stability, freedom from prejudice and childish behavior. She soon learns to look upon the behavior of a mental patient as infantile or at least childish and immature. She learns to view the activities of the mental patient with the same sense of humor and certain detached intelligence as she does the activities of a child. She soon realizes, too, that it is most unprofessional for a mental nurse to show anger or irritation toward a mental patient—equally, that morbid sympathy is out of place. She learns to regard the depressed and agitated patient and the patient who has ideas of persecution as sick individuals who have a diseased outlook on life, just as she recognizes that a patient with typhoid fever has a sick intestinal tract.

The student sees that there frequently is a very close relationship between mental and physical disease and that in many pathological conditions of the body this relationship is clearly illustrated in disordered conduct. She finds, too, the need of more than ordinary nursing skill to care for such conditions as the delirium of typhoid or pneumonia, where careful isolation technic must be observed to protect other patients. She finds that a thyroid-toxicosis, or a cardiac delirium, a diabetic coma, the psychosis found in pernicious anemia, require

not only mental nursing but the most expert medical nursing. She observes, also, the beneficial effects of diatetic treatment on such patients.

It is surely, then, not a very far step to find a patient who is primarily mental. The student comes to understand that personality as well as heart and lungs can be diseased to the extent that the patient must go to a mental hospital where his environment will be modified so that not too much is expected of his sick mind. The observant student soon understands that unhealthy mental symptoms are as serious and significant as a high temperature or a rapid irregular pulse, or signs of suppuration in an originally clean wound.

Everyone is beginning to recognize, even among the nonprofessional groups, that hygiene is no longer merely attention to nutrition, teeth or tonsils, but that hygiene includes cognizance of our habits, emotions and relationships with others; that prejudices handicap and cripple the lives of the so-called normal individual just as delusions in the mental patient cripple the life of the mental patient. The student nurse learns in the psychiatric department to see the full value of a social diagnosis in both mental and physical diseases. She comes to understand that the extent to which bereavement will affect an individual depends somewhat upon the limitations of the bereft individual's life, that an individual's lack of recreation and external interests, his narrow, restricted mode of life, may be the cause of his inability to meet a difficult problem in his environment in a normal fashion.

The student's case studies of several patients suffering from the commoner types of mental illness give her an insight into the recreational and industrial environment; into the cultural opportunities of these individuals; and into problems of early childhood; and the influence of these problems on the present illness of the patient. The importance of such traits as jealousy, suspiciousness, shyness, stealing, daydreaming in childhood, as they have a bearing on mental illness in adult life is graphically portrayed in the case or bedside study of the patient.

The mental examination and the data of a psychoanalysis lead an observing student to understand that certain mental symptoms point to psychic trauma. These data give a basic understanding of many of the causes and origins of mental suffering and mental disease. We see the bad effects on mental health of too much or too little inhibition, too much inhibition resulting in neurotic ill-health, or a waste of energy in ascetic self-torture.

The value and importance of forms of therapy, other than the strictly medical therapies, is also demonstrated to the student in her care of mental patients. She concludes that mental and moral health depends upon a healthy capacity for love and work and play. The introverted praecox living in a narrow world of phantasy can often be re-educated to take a healthful interest in outside activities through his work in occupational therapy, which is prescribed by the doctor and guided by a skilled occupational-therapist. The manic, too, with his tension and restlessness, his busy-body meddlesomeness, finds a legitimate outlet in a piece of absorbing and attractive work in this department. The depressed case finds his interest awakened by a bit of stimulating work in spite of his worries.

The curative and soothing effects of hydrotherapy are demonstrated to the student repeatedly, since one of the most important phases of her work in

mental nursing is to acquire skill and dexterity in the giving of hydrotherapeutic treatment. She observes that the soothing effect or stimulating effect of these treatments is much more enduring than the effect of even the most powerful drugs, that a patient may get the first refreshing rest which he has had for weeks as the result of the skillful application of hydrotherapeutic treatment. She herself acquires considerable skill in giving the treatments and observing their effects in the various types of mental illness. In addition, she learns to be alert to any untoward symptoms in the wrong giving of treatment. The application of hydrotherapy in conditions of fatigue or exhaustion, or emotional upset, in a so-called normal individual should become obvious to her through her work in this department.

Although, the emotionally unstable or neurotic student nurse will probably never become a successful psychiatric nurse, yet for the first time in her life she may become conscious of her own unhealthy reactions and the danger from such reactions to her future happiness and to that of others.

The connecting link in all nursing education between the student nurse and the hospital laboratory which enables the student to use, evaluate and apply this wealth of clinical material in her own life or the lives of those about her is the most practical and useful of all nurse teachers, the head nurse on the ward. It is she who has all this wealth of clinical material at her finger tips, so to speak. Of course there must be a department head who will help her to plan and carry through her ideas. It is also the duty of this department head to give the head nurse assistance in understanding the objectives of the department both as concerns the care of patients and as to what is due the student nurse in the way of organized teaching. There must be a purposeful plan which has been carefully organized and agreed upon by the medical as well as the nursing staff of this department as to:

1. Giving the most efficient care to the patient.
2. Teaching the student the most skillful care of patients.
3. Methods of giving the doctor the best knowledge of the patient's daily progress and behavior while in the hospital.

The training of the head nurse should be of the same definite theoretical and practical type in ward administration as that of any other head nurse, with a thorough basic training in the care of all kinds of patients, and superimposed upon that, a theoretical knowledge of the mechanisms and causes of mental disease. The latter knowledge should be reinforced by a period of nursing experience as a graduate nurse student in a well organized psychiatric department where every opportunity for learning the care of mental diseases is made available, and yet where full responsibility for the safety of patients will not have to be assumed by her until she has gained considerable experience in the care of mental patients, under the expert guidance of a well qualified head nurse, trained in every type of nursing, as well as in this particular kind of work.

In her ward rounds with her students, the head nurse can teach the significance of dangerous symptoms, which reactions are normal, and which are abnormal. She should hold before the student that the purpose of our profession is the rehabilitation of the whole man, that any patient when physically ill has a lowered emotional stability, that the mentally ill differ from the physically ill only in the degree of emotional disequilibrium.

The head nurse needs to know something of social case work, occupational therapy, and enough of the theory and practice of hydrotherapy to supervise and teach efficiently the most important forms of this therapy to both the students and the attendants on her ward. She must, through actual experience in the nursing of these patients, acquire a certain definite nursing technic for each individual patient as well as for each individual form of disease, and she must be able to impart her skill, her patience and technic to the student.

The most carefully planned class teaching and supervision by the department head is an absolute necessity. The importance of keen observation of the patient's emotional attitude and reactions, the discussion of what constitutes mental symptoms, the feeding and observation of patients at mealtimes, giving sufficient water to patients who are not responsible for their own welfare, the accurate charting of eliminations and special diets, the need of cleansing the mouths of even ambulant patients, all of these things should be discussed in class and then emphasized by the head nurse on the ward and carefully checked by her. The nurse's contact with the feebleminded patient, too, may be very helpful to her in understanding and recognizing such individuals in the community at large, and in helping to salvage what there is of the mind by arranging the placing of these unfortunates in schools where they may learn a trade or useful occupation.

In general one might say the constant necessity for the exercise of tact and patience and ingenuity in dealing with the mentally ill widens the scope of any individual's ability to deal efficiently with the various types of the so-called difficult normal individuals. The work with senile patients, for example, surely teaches any young woman to regard her grandparents and all aged people as individuals whose peculiarities are due to the disease of old age rather than to any lack of cooperation on their part. Dr. Ruggles of Butler Hospital says: "Every nurse who has a training that includes an understanding of the mental factors entering human adjustment, will be better able to rule her own destiny."

An Outlined System for Moving Accepted Students through the Required Course of Hospital Training

ANN BLUMENTHAL, R.N.

I. The nurse must be allowed to remain on one service long enough to acquaint her with the technic of that service, before moving her to the next service.

II. No service should be completely evacuated of all its students at one time, thus making it necessary to bring in an entirely new group of students.

III. Each student must have the same amount of time in every service that every other student has.

The chart is designed to give consideration to all of these requirements. It is made out for a case in which it is necessary to move the student through four services during a period of one year. It is constructed by dividing

the students into twice the number of sections that there are services to be covered. Two of these sections are then assigned to each service for the first period. At the beginning of the second period one section in each service is moved on to the next service, leaving the other section in the same service for another period. At the beginning of the third period, those sections which were not shifted the second period are moved forward to the next service; other sections remaining stationary, etc. Thus it will be seen that each student will serve three months in each service and that only half the students will be moved at one time. It should also be noted that the year has been divided into the *same number* of "time intervals" that there are sections. This is highly important, for otherwise the students would not all get similar assignments to the various services.

The following example will illustrate the method of constructing a chart:

Let us assume a class of 48 students which must be moved through four general services during a period of twelve months. The services will be numbered 1, 2, 3, 4. In accordance with the principle involved, the students will be divided into eight groups of six students each, designated as sections A1, A2; B1, B2; C1, C2; D1, D2. The year must be divided into eight time-intervals; that is, each interval will be of one and one-half

	Jan 1st to Feb 14	Feb 14 to Mar 31	Apr 1st to May 14	May 15 to June 30	July 1st to Aug 14	Aug 14 to Sept 30	Oct 1st to Nov 14	Nov 14 to Dec 31
Section A1								
Section A2								
Section B1								
Section B2								
Section C1								
Section C2								
Section D1								
Section D2								

FIG. 1

months duration. Assuming January 1 as the starting point, the time intervals will be:

January	1	to February	14
February	15	" March	31
April	1	" May	14
May	15	" June	30
July	1	" August	14
August	15	" September	30
October	1	" November	14
November	15	" December	31

The first operation to construct the chart is to set the sections down in order at the head of a line and the time intervals at the head of a column as shown on preceding page.

The next step is to assign two sections to each of the four services for the first time-interval, January 1 to February 14. This is indicated on the chart by fitting in the number of the services in the blank spaces as follows:

	Jan 1 to Feb 14	Feb 14 to Mar 31	
Section A1	Service 1		
Section A2	Service 1		
Section B1	Service 2		
Section B2	Service 2		
Section C1	Service 3		
Section C2	Service 3		
Section D1	Service 4		
Section D2	Service 4		

FIG. 2

Literally interpreted, Fig. No. 2 means that during the interval from January 1 to February 14, Sections A1 and A2 will be assigned to Service 1; B1 and B2 to Service 2; C1 and C2 to Service 3; D1 and D2 to Service 4.

On February 15 the first shifting period has arrived, and it is necessary to move *half* of the students in each service to the next service, the other half remaining stationary.

This will be accomplished by moving all sections having a subscript 2 to the next higher numbered service, as follows:

	Jan 1st to Feb 14	Feb 14 to Mar 31	Apr 1st to May 14	
Section A1	Service 1	Service 1		
Section A2	1	2		
Section B1	2	2		
Section B2	2	3		
Section C1	3	3		
Section C2	3	4		
Section D1	4	4		
Section D2	4	1		

FIG. 3

It will be noted in Fig. No. 3 that Sections A1, B1, C1 and D1 have been held in the same service, and A2, B2, C2 and D2 have been moved up one service. (Section D2 was obviously required to revert back to Service No. 1 from Service No. 4, since No. 4 is the highest numbered service.)

On April 1, the second shift is required, but this time only those sections which were not moved on February 15 will be shifted. Here again the system of moving to the next

higher numerical service must be followed. Thus:

	[illegible]	[illegible] 15	[illegible]	May 15 [illegible] June 31
Section	Service	Service	Service	
A1	1	1	2	
A2	1	2	2	
B1	2	2	3	
B2	2	3	3	
C1	3	3	4	
C2	3	4	4	
D1	4	4	1	
D2	4	1	1	

Fig. 4

Figure No. 4 indicates that on April 1, Sections A1, B1, C1 and D1 were shifted one higher in the numerical scale of services, while Sections A2, B2, C2 and D2 remained stationary.

At the next shift period, May 15, Sections A2, B2, C2 and D2 are moved for the second time, while Sections A1, B1, C1 and D1 remain stationary as shown in column opposite.

By continuing this systematic movement the finished chart will appear as shown on following page.

A study of this chart will show that it conforms to the three basic principles set forth at the beginning:

I. Each section has been allowed to remain for a minimum of one and one half months in one service and, in most cases, three months before being moved.

II. Only half of the students have been moved at one time, thus making it unnecessary to completely evacuate services and refill them with all new students.

III. Each section has been given exactly the same amount of time in each service

The system as outlined will apply with equal precision to any set of conditions. For example, if a school is based upon five general services, the chart would be constructed by dividing the year into ten-time intervals and the students into ten sections.

Since the Preliminary or Freshman period requires four of the twenty-eight months of training, there remain exactly two years from the beginning of the Sophomore to the end of the Senior period. Therefore, a chart based on a total time of twelve months will work out excellently for routing students from the beginning of their Sophomore period to the finish. A similar chart may well be prepared for the four-month preliminary period.

While on the regular services (*i.e.* medical and surgical) the student is studying both of these subjects simultaneously so that she is becoming familiar with the theoretical side of whichever she may be engaged in. Theoretical instruction for the special services either precedes or runs concurrently with the particular service.

	Jan 1st [illegible]	Feb 15 [illegible]	Apr 1 [illegible] May 15	May 15 [illegible] June [illegible]	
Sections	Service	Service	Service	Service	
A1	1	1	2	2	
A2	1	2	2	3	
B1	2	2	3	3	
B2	2	3	3	4	
C1	3	3	4	4	
C2	3	4	4	1	
D1	4	4	1	1	
D2	4	1	1	2	

Fig. 5

If the student is absent for a short time, say up to three weeks, upon her return she is put back with her original group, even though they may have been shifted to another service. The lost time is made up in the service

	Jan 1st to Feb 14	Feb 15 to Mar 31	Apr 1st to May 14	May 15 to June 30	July 1st to Aug 14	Aug 15 to Sept 30	Oct 1st to Nov 14	Nov 15 to Dec 31
Sections	Service	Service	Service	Service	Service	Service	Service	Service
A1	1	1	2	2	3	3	4	4
A2	1	2	2	3	3	4	4	1
B1	2	2	3	3	4	4	1	1
B2	2	3	3	4	4	1	1	2
C1	3	3	4	4	1	1	2	2
C2	3	4	4	1	1	2	2	3
D1	4	4	1	1	2	2	3	3
D2	4	1	1	2	2	3	3	4

FIG. 6

missed at the end of her finished services. If absence is over a protracted period, it is usually better to re-assign the student to a group in the same service that she was in when she withdrew from duty. This problem is one that is best handled according to the particular condition involved.

This system is in operation at the Clara Barton Memorial Hospital, Hollywood, California.

Deviations from the General Schedule for Special Services

THE major chart as constructed is intended to cover the general bedside nursing services. There are also the following special services which must be accommodated in the schedule: diet kitchen, surgery, maternity and pediatrics. This may be conveniently accomplished as follows: Sufficient students will be taken in *equal* numbers from *all* sections to fill the special services—beginning with the ninth month, the students go to the diet kitchen for two months, then continue, consecutively, surgery, maternity, pediatrics, three months each. When a student has been routed through all the special services, she is returned to the same general section from which she was taken and will thereafter continue in her original section until graduation.

The policy of allotting equal time to all special services is standard practice in California and proves to be

Maternity Chart

	Jan 1st to Jan 14	Jan 15 to Jan 31	Feb 1- to Feb 14	Feb 15 to Feb 28	Mar 1st to Mar 14	Mar 15 to Mar 31
Section A	D.R.	Nursery	Nurse	Floor	Floor	D.R
B	DR	D.R.	Nurs'	Nurs'	Floor	Floor
C	Floor	D.R.	DR	Nurs'	Nurs'	Floor
D	Floor	Floor	D.R.	D.R.	Nurs'	Nurs'
E	Nurs'	Floor	Floor	D.R.	D.R.	Nurs'
F	Nurs'	Nurs'	Floor	Floor	D.R.	D.R.

Fig. 7

quite satisfactory. The special services are so called because they require specific amounts of time and continuous duration which requires special routing. In a three-year school the time allotted would be arranged accordingly.

When a student is returned to her original section, another student is removed to the "special" services.

The maternity service is adaptable to a chart of its own, since it is really a combination of three services in one: delivery room, nursery and mother care, the total usually occupying three months. The chart would, therefore, be based upon six sections with six time-intervals of fifteen days each.

When a student is first sent to the delivery room she should be placed in one of the day shifts for the first two weeks, in order that she may take advantage of the daytime clinics and demonstrations and thus be available with some experience for the night shift during her second two weeks in this service.

If the student body is not large enough to warrant dividing into twice the necessary number of sections that there are services, the only alternative is to divide it into the same number of sections that there are services. It then becomes necessary to shift *all* students from one service to the next at the same time.

Case Study as a Method of Ward Teaching[1]

BLANCHE GRAVES, R.N.

THE advantages of the case study to student nurses are many. It correlates the ward practice with classroom teaching, it presents a picture to the student of the patient as a whole, whose life neither begins nor ends within the hospital walls. It makes the patient a person rather than a sickness entity and establishes a connection with his outside interests and presents a picture of mutual human relationship and understanding.

The history is not designed to simulate a medical case study, but is concerned primarily with a nursing content for the patient, based on attention to, and understanding of, his needs—physical, mental and social—with a solution for the problems, and suggestions for their prevention.

One of the most important assets for a nurse is a point of view and a sympathetic understanding of the many relationships bound up in life, and it is important to realize that many factors contribute to the happiness and welfare of a human being.—*Bertha Harmer*.

To teach nursing by the case study method, supervisors, head nurses, social workers, dietitians, physicians and all concerned with the care of the patients must work in coöperation.

Patients should be assigned to students for care and study, by the head nurse. Under supervision the responsibility for the entire care of the patient should be given to the student in so far as she is at the time prepared to assume it. The relief nurse and also the night nurse work in coöperation with the student who is assigned the care of this patient.

Attitudes of mind, ideals and standards are fundamental principles and must be taught coördinately with skill and technic. Improved methods in the care of the patient should be weighed as to their value in making ward work of the greatest possible educational value to the nurse. On the other hand, the patient is the center of activity, therefore all advances made toward the education of the nurse should improve the care of the patient. To discriminate wisely and intelligently, the student must have knowledge and practice and must know the value of good judgment.

Method of Instruction

AFTER the Freshmen have been on the wards for several weeks and are thoroughly familiar with their surroundings, the instructor conducts six classes, discussing each phase of the study.

The first hour is spent in discussing the principles, aims, and value of this method of instruction. Outlines are given to the group that act as a guide in the organization of their material.

The social aspects of the patient are presented by a social worker, at the second hour, giving the student a keener insight into human relationships and social background. This is a very important phase, as social problems may have a very definite bearing on the convalescence of the patient. If a social worker is not available, the instructor presents this phase to the students. At the close of this discussion the students are asked to choose a patient for their study and write the social history of that patient. This is obtained either through the

[1] Read at a round table at the annual meeting of the Illinois State Nurses' Association, Moline, Ill., October 10, 1929.

social service department or by chatting with the patient during the morning bath and such other times as may be afforded. Many times we do not have a social problem but a very interesting background.

The students are instructed never to pry into people's private life or assume an inquisitive attitude. However, very often when people are ill, all they need is an interested and sympathetic listener to whom to tell their life history. A number of these histories are read at the next class and discussed. The students are encouraged to give constructive criticisms to each other.

The fourth class hour is spent discussing the medical history and the nursing care.

A knowledge of past illnesses that may have a bearing on the present condition is necessary. It is also essential for the student to train herself to notice each patient's facial expression, general physical appearance on admission, also to note the temperature, pulse, respiration, etc. She must be able to understand, report and accurately record the development of new symptoms.

The students are encouraged to contribute any suggestions that they may have for the care and comfort of the patient: arrangement of pillows, sponging face and hands, care of his back and mouth; ways and means of quieting restless patients; and methods used for entertaining the convalescent ones. These and many others contribute to a favorable prognosis.

The diet is an important nursing measure. The patient's appetite, ways of serving attractive trays, reasons for special diet, likes and dislikes, the effect of suggestion, etc., play an important part.

Following this discussion the student notes her observations and records the special nursing care that she has given the patient. These are read and criticised at the following class hour.

The sixth hour is spent in giving the student a consciousness of the rehabilitation of the patient; the adjustment that may be necessary for him to resume his place in the family and community life again. The nurse may do much toward helping with this adjustment by her teaching, gaining the patient's confidence and coöperating with the social service worker. There is a discussion of the problems the student has encountered in the care of this patient and whether they have been solved or not. Also much emphasis is given to what the student has learned in this special nursing service.

The studies are then completed and are handed in to the instructor to be graded. The best ones are typed and filed for demonstration purposes.[2] Not all of the case studies that are handed in are acceptable; some have been written too hurriedly with little thought of their real value, others have not emphasized the nursing care, but have copied the medical history at length from the chart. These are gone over by the instructor or head nurse and the student rewrites the study.

We have made the writing of the case study a part of the curriculum and require each student to write one for each service to which she is assigned, with the exception of the operating rooms, maternity and pediatrics. A study is not required for the operating room service, but two are required for both maternity and pediatrics, as the students are assigned to each of these services for three months.

After the first study is handed to the instructor, the writing of all succeed-

[2] A study presented with this paper appears on the Student Page.

ing studies is supervised by the head nurse or supervisor of each service to which the student is assigned. A list of the students' names with the date on which their studies are due are posted on the bulletin board in each division to which they report for duty. The grades are handed to the instructor who files them for their permanent records.

From time to time case studies are discussed in our staff conferences at which time difficulties may be straightened out and helpful suggestions made by the various head nurses.

We feel the students have gained very greatly by this method of teaching and that they have developed a sympathetic understanding of human relationships which they would have been longer acquiring and perhaps might never have known.

There have been interesting and instructive discussions along scientific lines that have not in any way tended toward gossiping or encouraging derogatory things to be said about the patients. The students are spontaneous in expressing themselves as to the benefit they have derived from this method of care and treatment of the patient. The results we have obtained from the three years' experience are not only gratifying but prove to us that they are a valuable method of nursing education.

An Experiment in Segregating Nursing Orders

ELIZABETH M. JAMIESON, R.N.

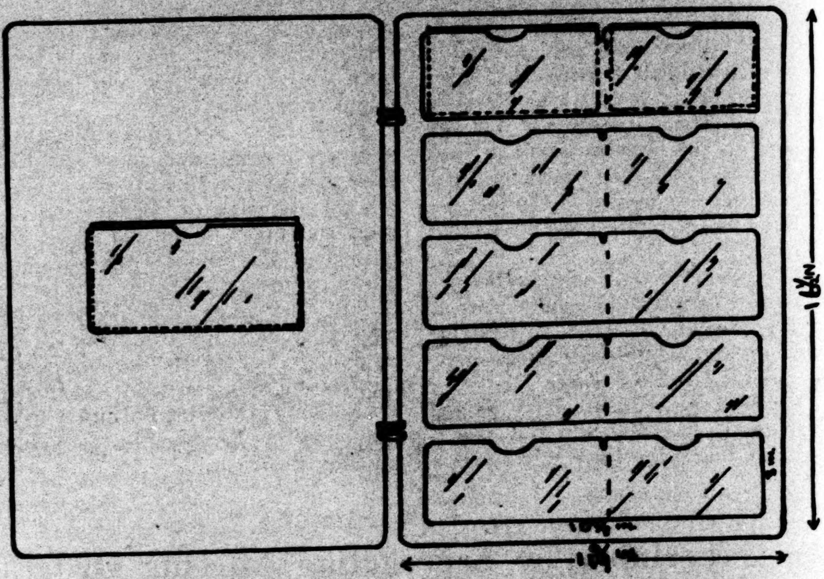
THE observation may not meet with general agreement, but it seems as though our graduate nurses may be divided into three groups: those who graduated before the World War, those who graduated during that period of disturbance in our schools, and those who have received their education since that time. The work of each group shows the result of a different influence.

Members of the first group take excellent care of the individual patient, partly as a result of experience, partly because their education was received at a time when the patient was seldom absent from anybody's mind, and extra-curricular activities were represented by a bath and going to bed. They are apt to accept sickness as inevitable and, if not progressive, they may succeed in prolonging, instead of shortening, illness by failing to fall in with new ideas and methods of nursing.

The group which graduated about the time of the World War shows improved technical ability, but their work has a superficial quality. Beds, baths, trays and dressings constitute nursing for most of these. In the words of one special nurse: "It's a laparotomy. What do I care what was done? The nursing's the same for all of them, anyway."

The youngest group, with the advantage of improved methods of instruction which includes emphasis on the conservation of health, has grown up in an age of exaggerated "flapperism" and one in which war and the automobile have reduced the value placed on human life. Sometimes they disappoint those of us who have striven so seriously to approximate an education for them.

It may be possible that we have been neglecting one valuable opportunity of making our improved knowledge



of nursing a part of every-day practice, and of teaching all three groups to analyze cases so as to use discrimination in nursing methods. By the introduction of a new angle in our order writing, we might not only help the student in correlating class and ward practice, but might also stimulate in the graduate a keener interest in scientific nursing.

Following the suggestion of Miss Harmer, that nursing orders be given in written form and segregated from doctors' orders, the order book illustrated was evolved as an experiment, its pattern based on suggestions received in supervisors' conferences.

A large scrapbook was purchased and Irene Sterling, one of our supervisors, volunteered to make the order book and try it out on her medical floor. Pockets were fashioned of washed-off x-ray films and stitched to the scrap book sheets by machine. Ordinary 3 by 5 filing cards were used for the orders, blue for doctors' and white for nursing orders.

It soon became evident that many procedures were done in common for all patients. These were listed on a 5 by 8 card and placed in a pocket on the cover. They constitute "Everyday Nursing Care," and vary according to the department in which the book is to be used. The following is an illustration of the contents of one of these on a medical floor:

Everyday Nursing Care for Medical Floor

Bell—Always within reach (look back when leaving room).

T. P. R.—As ordered.

Bowels—Find out "habit time." Encourage fluids and teach their value.

Bath—With care of hair and nails.

Face and hands—Wash a.m. and p.m. or oftener, if desired.

Chart—As each detail of work is completed.

P. M. Report—Verbal to nursing school office.

Room—(Note especially after bath and trays). Table in place, light regulated, water fresh and covered, rugs down, good ventilation. Flowers well arranged and placed where they may be seen.

Dressings, medicines, treatments—As ordered.
Naps—Plan and encourage.
Sun porch—When possible.
Bedpans—Warm always, external douche whenever possible.
Preparation for meals—Remove all equipment from room. Clear table. Have patient in position, table in position, water fresh.
Visitors—Walk with them to patient's room. Get chairs.
Preparations for night.

When a patient is admitted, the student assigned learns the diagnosis, makes observations and maps out, on a piece of paper, a tentative plan of nursing care. This she takes, as soon as possible, to the supervisor, who discusses it with her. Two cards are then made out—a blue one containing doctors' orders and a white one containing nursing orders. For the sake of uniformity, the supervisor writes these cards.

The system soon proved its value, and permanent books were made with black oilcloth covers and black paper pages. These books have been placed in all departments. Their cost was about $1.50 each and they were made at home.

Black ink is used for all day orders, red for night orders. When an order is discontinued, a line is carefully drawn through it. If too many of these lines appear, the card is copied. A "stat" order, which is not to be repeated, is written on a separate piece of paper and slipped into the pocket above the card. When the order is charted this is removed.

To illustrate the experiment, the following orders have been selected at random from cards:

"Note position of meatus urinarius while cleansing. It is high. There is no occasion for fumbling."

"Patient does not ring. Look in room occasionally. Place water, etc., on left-hand side. Pour out glass of water, as she cannot handle pitcher."

"Watch for symptoms of hemorrhage: bleeding, rising pulse, restlessness, air hunger."

"Keep patient's mind free from former worries by light reading or light diversion. Warm, soothing bath and complete gentle massage, a.m. and p.m. Remember entire nervous system is sick and needs kind and skilled attention."

"Watch for insulin reaction: nervousness, twitching, perspiration, hunger, rapid pulse. Orange juice in icebox."

"Bring wheel chair to left side when patient is getting out of bed, and to right side when she is getting into bed. This prevents strain on shoulder, and she can help herself into chair and bed."

"Teach child cleanliness: care of nails and teeth. Have him comb his hair."

"Help child keep correct sitting posture by placing playthings on table on left side. He tends to favor right side. This throws left knee out of position."

"Keep quiet. No company. Noise, light, excitement may bring on convulsions. Watch for symptoms of eclampsia: headache, dizziness, spots before eyes, edema, scanty urine, increase in albumin, rise in blood pressure."

"Examine pads half hourly. May be profuse bleeding. As soon as tolerated, give water, ounces 6. q. 1 hr. 8–9–10, etc. Watch pulse."

The main advantages observed of this over the old system of order writing are as follows:

1. The student can correlate her theory with her practice.

2. Both supervisor and student are more interested in patients and in study. Students ask more questions.

3. New and discontinued orders are checked t. i. d. The time formerly consumed in copying orders daily can be devoted to better follow-up work.

4. Patients are not subjected to as many errors in contact when nurses change, *e. g.*, the nursing order reads: "Patient is deaf. Speak to her in her left ear." Under the old system one nurse might know that the patient was deaf. Two others might fail to understand her and would, by experiment, learn of her infirmity. The patient, even if not annoyed, was certainly nervously upset by their efforts. By means of the nursing order, all nurses may approach prepared beforehand.

5. Charting must be done at once. There is nothing to depend on later.

6. Time formerly spent in conversation over orders with many students is conserved and

the orders reach all students without worry on the supervisor's part.

7. Details of nursing care are better done.

The following observations and expressions of opinion were submitted by the heads of departments in regard to this innovation which they have made interesting and successful by their coöperation:

1. "Students make more effort to understand symptoms and treatment as well as individual characteristics."

2. "Minor details formerly spoken of as 'fussy' are now written out and taken care of as part of the nursing problem, incidentally making a more considerate nurse."

3. "A new nurse coming on the ward and reading both cards knows much better the type of patient she is going to take care of and how things have been done, so as to make the nursing easier for both the patient and the nurse."

4. "Time formerly spent in writing orders is given to patients and students. Cards sometimes remain unchanged for days."

5. "The writing of orders for maternity patients makes for better observation of essentials."

6. "Students transfer more interesting and detailed reports to those who follow them on duty."

7. "Students say that they like my floor, now. They used to hate to come here." The atmosphere has, indeed, changed completely.

The following comments illustrate the attitude of students:

1. "The students are given an opportunity to give their opinions on the nursing care of each case. This impresses on them the fact that all patients are not given the same nursing care."

2. "Leads to discussion of nursing orders for patients as individuals."

3. "It enables a nurse to do her work in the patient's room without so much asking. You know just how the patient wants things done."

4. "It is a review on nursing care for each case. The orders refresh your mind. You go about your work intelligently."

5. "One learns a great deal more about the patient than one did formerly. One also finds out likes and dislikes and is not as likely to offend or embarrass patients."

6. "It is more interesting now, and less difficult. We know a lot more about the patients. We used to carry out the orders on the doctor's sheet and we thought that was all that really mattered."

It has been interesting to observe from the cards the many, many things which represent nursing care, and which have gone to fill the good nurse's mind as well as her day. Neither she nor anyone else has been conscious of the number of these. As all of us come to realize more fully the importance of nursing in the mental as well as the physical recovery of the patient, and of our share in teaching of health, mental as well as physical, the nurse will inevitably do much better work than she has done in the past. Our haphazard method of giving purely nursing orders must give way to a definite scheme for each patient which a nurse learns to plan and to respect, and in which she uses the knowledge she has gained in the classroom.

The basic idea of this system of order-writing, carried out in whatever way seems best fitted to the conditions met in any institution, has, when used in conjunction with case study and daily conferences, great possibilities of strengthening in us an understanding of our opportunities and of eventually making of nursing a real art. If we can bring about a condition in which all the mental energy of the large group of bedside workers is concentrated on the job of improving nursing care, there will surely be no time for the petty gossip which has helped to dissipate this energy, and which has also, in some instances, been productive of actual harm. As we learn to value the importance of our job, by seeing it develop in black and white before us, and see also the results of better distribution of knowledge, so will others also learn to value and respect it as we do. "By their fruits ye shall know them."

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

"Happy New Year to All Red Cross Nurses"

TO all Red Cross nurses, also all those who are not enrolled in its service—wherever they may be or whatever they may be doing—go our best wishes for a happy and successful New Year. There is a lot said about making and breaking New Year's resolutions. We break them, many times because we make too many resolutions, so we forget them; sometimes they are too difficult to keep. It is all very well to "aim high," but it seems the better part of wisdom when "hitching one's chariot to a star, to keep one's feet firmly planted on the earth." Each day as it comes is a new day upon which the resolution which we have so courageously made on New Year's Day needs to be reaffirmed. To us, it would seem wiser to make only one resolution, and keep it, than to make a long list of them which would be forgotten. If there is any one wish—call it a resolution, if you will—that we would express, it is one for an "understanding heart and mind." If one possesses these by an act of nature, one is fortunate for in them lies the golden key that unlocks the door to happiness and success. If one has them not, then try to acquire them through a registered wish each 365 days of the coming year!

Conference of the Nursing Field Representatives

FROM December 3–18, the field representatives of the American Red Cross, Eastern Area, which includes all the states of the Atlantic seaboard, and in fact all the states east of the Mississippi with the exception of Illinois and Michigan, met at National Headquarters for a conference. Among this group were fifteen nursing field representatives. These are the long arms of the nursing service in all of its phases. They travel from chapter to chapter, advising and encouraging the Red Cross public health nurses and instructors in home hygiene and care of the sick. In addition, they interview the local committees on Red Cross nursing service, when possible attend their meetings and confer with them upon questions which relate to the enrollment of nurses, the educational standards for this service, frequently speaking at district and state meetings, in schools of nursing and elsewhere, on the Red Cross Nursing Service in particular, as well as the general activities of the Red Cross.

The work is difficult and requires a person in good physical condition, one who has a sound knowledge of Red Cross organization, function and achievement, and with a personality which qualifies her to meet all kinds of people under all sorts of conditions. As a nation, we are constantly holding meetings and conferences. Sometimes, one is inclined to feel that we hold too many conventions and other meetings, but for this group of workers it is especially important that they come back to Headquarters for an annual conference. Policies and programs are constantly changing; new people are being appointed and

must be trained. Such conferences do more, however, for our field representatives than to familiarize them with the objectives for the coming year, or changes in the organization. They meet with the other members of this group, with the national staff, and have an opportunity to compare notes, to renew their enthusiasm and inspiration. The respite from the constant traveling is also exceedingly essential, for one cannot do any one thing continuously without getting into a rut or growing stale. In addition to an interesting program, which covered all phases of Red Cross work, there were a number of social affairs—teas, luncheons, theater parties, etc.—which gave the various members an opportunity for social intercourse with their fellow workers.

Some of the nursing field representatives have a very large territory: for example, Helen F. Dunn has five large Southern states, Kentucky, Tennessee, Louisiana, Mississippi and Alabama; while others, like Mrs. Charlotte Heilman, who is the representative for New York, cover but one state. The territory is allocated in accordance with the number of chapters, public health nurses, classes and other nursing activities that exist in a given territory.

The readers of this department may be interested to know that there are over 800 Red Cross nurses doing public health work in rural communities under the auspices of the Red Cross chapters, and more than 1,500 Red Cross instructors are teaching home hygiene and care of the sick.

The Annual Meeting of the National Committee

THE National Committee on Red Cross Nursing Service met on December 10 at Red Cross Headquarters. This committee, representing the three national nursing associations and the various government services, comes together for its annual meeting every December.

This meeting was largely devoted to questions of professional requirements for enrollment, with special reference to the recognition of graduates from schools which do not meet the prescribed standards but who, through affiliation and postgraduate courses, may supplement the deficiencies in their school courses. The content of the affiliated and postgraduate courses in relation to length was given special attention.

The home defense enrollment was carefully reviewed, and certain definite recommendations were made.

Achievements for the past year, and objectives in the public health nursing service and in the home hygiene and care of the sick service were also presented, together with many other questions of importance to the nursing service. These will be given in the next issue of the *Journal*.

The Edith Winchester School Moves to Erivan, Armenia

THE establishment of the Edith Winchester School under the auspices of the Near East Relief at Leninakan, Soviet Armenia, is a fact well known to the readers of this department, as well as to nurses generally. This school was named for Edith Winchester, an American Red Cross nurse who contracted typhus fever when working with that organization in Armenia, and died. The school was started originally as a means of preparing the girl orphans who came under the protection of the Near East Relief Organization for nursing. The faculty of the school was composed of Red Cross nurses, supplied at the request of the Near East. With the gradual withdrawal

of this organization from its orphanage work, the future of the school has been under discussion. For a time its life seemed to hang between heaven and earth, but recently an agreement has been made with the Armenian Red Cross which provides for the transfer of the school from Leninakan to the capital of Armenia, Erivan, where the Armenian Red Cross has its headquarters. The Near East Relief allows the full time of an American Supervisor and an assistant, provides maintenance for pupil nurses, furnishes the nurses' dormitories with equipment, provides classroom material and available books on nursing. The agreement continues on the part of the Near East until June, 1930. Laura MacFetridge, who has been directing the school at Leninakan for some time, has consented to remain until that date. She writes, as follows, most interestingly of the transfer and also of the new course:

The theoretical work began this week for both classes. My assistant and I have four hours weekly. Three hours for the first-year pupils, which will include the history of nursing and nursing ethics, practical nursing and dietetics. One hour for the Seniors which will cover review of practical nursing, dietetics, and public health. The curriculum used by the school has been arranged with the Department of Education, and was sent from Moscow. It consists of more theory than practice, for two years, and then one year of practice only. This year is a division of our curriculum and theirs, as our Seniors must have another year of theory. The subjects include all the major subjects which we have, but also several other subjects, due to the lowered entrance standards. This, also, they hope to improve upon each year, until the entrance requirements will be, at least, high school graduation. The doctor in charge is very enthusiastic, and very anxious to coöperate in every way.

There are so many unsurmountable obstacles, especially this year, due to the lack of living accommodations that our path will be anything but smooth. For instance, the two classes are living in separate dormitories, quite a distance apart. There are no mess facilities in either dormitory, so that the pupils are on the same basis as the Government University students, and are given a living allowance. All government students are allowed special privileges, and we hope that they will be able to live, and keep well on the allowance. The classrooms are also in different buildings, and the practical work will be done in several hospitals. You will see, therefore, that the school has had to begin without a nurses' home, and without a hospital connected with the school. The Red Cross realised this, but was most anxious to start the school, and felt that this was the opportune time, due to the fact that we were closing our school, and that they could have promise of our assistance the first school year. There is no doubt that there is a great need for a training school for nurses here and this, at least, is a beginning. We will have a Training School Committee, of which I will be a member, and have a voting right. We have already given a translation of the curriculum, which we used at Leninakan, and I am giving also a translation of the "General Scheme of Class Instruction," and the plan of practical work from "The Curriculum for Schools of Nursing," published by the National League of Nursing Education in 1927. There are a number of things I would like to take up later with the Training School Committee, such as an alumnae association, and a delegate to the I. C. N. You, of course, know of Miss Jarvis' (former Director) efforts in this matter. Too much praise cannot be given to Miss Jarvis for the splendid work she did in raising the standard of the training school, and of the nurses in every way, and much credit is due her, too, for the material which she left in the files, for suggestions for a continuing school, and for the excellent training she gave to her assistant supervisor, whom I now have as assistant here. I would appreciate very much any advice from you, and any suggestions as to any recent publications on nurses' training. I am subscribing for the *American Journal of Nursing*, and receive copies of the *Public Health Nurse*. The graduate nurses here are usually in great demand for village clinic work, and for hospital work, both in town and in the Red Cross hospitals in the districts. You ask about the salary of the graduates, they usually start at a minimum salary of fifty roubles a month, some receiving later as high as one hundred roubles monthly. This salary is very small, and is one of the things we hope to change.

Miss MacFetridge, writing of her life, states:

The life here in Erivan is very different from Leninakan. There I was a member of a group of Americans on a post about two miles from town; here I am the only American, and live right in the town. The climate, particularly in the fall, is delightful, and I am enjoying so much the trees, and flowers, of which there are a great abundance. This is a famous grape country, and there are many lovely vineyards. The altitude is two thousand feet, or about three thousand feet lower than Leninakan. My quarters at the American House are very comfortable, and I have a very nice housekeeper. We have a balcony on the inner court, from which we have a fine view of Mt. Ararat. It is a very beautiful mountain, quite majestic, always covered with snow, and with little Ararat beside it, it is a beautiful sight. I have a part-time secretary, who has a room adjoining mine. She has been in America, and speaks very good English, she teaches me Russian, and plays the piano. It is a very nice arrangement for both of us, as otherwise it would be very lonely here. Erivan is quite a large city, and has one very nice boulevard with a garden at one end, and the University buildings at the other end. About four of the blocks are reserved for a promenade, and no traffic is allowed there at all.

One is indeed proud of the profession when it can produce women who are willing to undertake such difficult projects under conditions of so discouraging a nature. It must indeed require no end of courage to live and work in a place where there is not even a member of one's own nationality to whom one might look for sympathy, appreciation and advice.

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of national headquarters and their return is requested when enrollment is annulled: Mrs. John Palmer, *née* Ida Josephine Steele; Helen Palmgren; Mrs. M. S. Park, *née* Dessie Ruth Bowden; Stella M. Parrott; Mrs. W. B. Paynter, *née* Sarah Grace Iles; Mrs. J. H. Pemberton, *née* Laura Lena Beck; Mrs. Marcia Louise Perry, *née* Prosser; Irene Helen Peterson; Selma Peterson; Mrs. Joseph R. Petty, *née* Rebecca O. Brown; Ida Lillian Piercy; Ethel Virginia Pittman; Emma Pombier; Maude Ruth Potts; Lorena Myrtle Precise; Clara Inez Pugh; Mrs. Vernon S. Pults, *née* Florence J. Dolan; Evelyn Louise Pye; Mrs. Ira G. Quinn, *née* Ruth Hildreth Gibson; Mrs. William A. Radke, *née* Lucile Winsted; Mrs. C. B. Randall, *née* Helen M. Francis; Mrs. J. H. Rapp, *née* Lillie E. Throne; Dora R. Rasmussen; Eva Muriel Rea; Mrs. Alice Brown Renwick; Lena R. Renwick; Ruth Rosella Renwick; Belle Katheryn Rex; Ruth R. Richardson; Mrs. Fred A. Ricker, *née* Elizabeth Edwards; Abilene H. Riley; Ruby D. Ripley; Cordelia M. Roberts; Margaret Latricia Robinson; Mrs. Mayme Rogers, *née* Metzler; Ruth Anne Rollins; Jessamine M. Rominger; Mrs. Etta C. Roper, *née* Foster; Margaret Ann Rose; Maude Rowland; Mrs. Charles Rummels, *née* Dollie Woodward; Nettie Mary Russell; Helen Cecelia Ryan.

National League of Nursing Education

Dues for 1930

DUES for the National League of Nursing Education, according to the by-laws, are payable after the first of January each year. If sent in to the Treasurer, directly, without waiting for a notice, not only the treasurer's time, but the money for postage of dues notices will all be saved.

Where there is a State League, send dues directly to the local or state treasurer. She remits to the national treasurer. Where there is no State League, send $5 directly to League Headquarters, 370 Seventh Avenue, New York. If you will do this in January, you will save all the confusion of late payments.

Each year members are dropped from the rolls and do not receive their annual reports because they have forgotten to pay dues. Neither they nor the League are happy about this. If everyone would send her money in, in January, and save the treasurer's time and postage, she could forget dues with a clear conscience for the rest of the year.

May January 31, 1930, see every member with dues paid in full.

NINA D. GAGE,
Executive Secretary.

Student Nurses' Page

Private Case Study[1]

EDNA WIELAND

Michael Reese Hospital School of Nursing, Chicago, Ill.

MRS. S. was born in Germany, sixty-five years ago. Her home was on the river Rhine, and as a child she used to wish she might sail to America. Her wish came true when she married Mr. S. and they came to this country to live. At first they settled in New Jersey and there two children were born. The elder, a daughter, is now forty-three years of age. Mr. S. was a carpenter by trade and, although he was providing a comfortable living for his family in New Jersey, he decided to come to Chicago, in 1890. They purchased a small home on the near north side of the city, and there three daughters were born, the youngest now twenty-eight years of age. Mr. S. found satisfactory work, and the family was very happy.

Time passed by very rapidly and Chicago grew in size. The shopping district spread northward and the S.'s sold their comfortable home and moved farther west. In the years that followed the children all married and lived away from home.

In 1926, Mrs. S.'s health began to fail. She noticed she could not work so hard or lift as easily as she had, several years before. Both she and Mr. S. realized the need of younger people in the home, and so asked their second oldest child, a son, and his wife to come and live with them. Everything went along very smoothly. Mrs. S. tended her home and seemed in better health. However, in the early part of the year 1927, Mr. S. persuaded her to see a doctor, and at this time she was told that she had a high blood pressure. Besides being put on a limited meat and salt-poor diet, she was told to rest, and work as little as possible. After several months she felt better and was a little slack in following the doctor's orders. She had a very nice home and, like most German women, wanted to keep it spotless herself. In January, 1929, she became ill with a cold and, feeling generally miserable, called in a doctor. He put her on a strict diet and told her it was absolutely essential for her to rest; also that her heart was beginning to wear out. Somewhat frightened by this she followed his orders closely, and was in apparently good health until the night of September 21, 1929, when she lost consciousness while preparing the evening meal and remained in a stupor for several hours. When consciousness returned, she was unable to move her limbs freely and could not hold up her head. She was confined to her bed, and one week later, September 28, was brought to Michael

[1] Presented by Blanche Graves (See Department of Nursing Education) at a round table at the annual meeting of the Illinois State Nurses' Association, Moline, Ill., October, 1929.

Reese Hospital in an ambulance and admitted to room 256.

Mrs. S.'s condition on entrance was critical. Her face was a sort of grey color with bright coloring over the cheeks, respirations were rapid and her pulse was quite rapid and quite irregular. A diagnosis of cerebral hemorrhage with hypertension and arteriosclerosis was made and several orders were left for her. They included caffeine sodii benzoate gr. v., every four hours, to stimulate the heart action and make it stronger and steadier; digalin ampules, i, was ordered, every three hours, to steady the pulse rate and to decrease the rapidity of the circulation; an ice cap was ordered for her head to prevent any further congestion of blood in the part. Additional orders included pushing fluids for two reasons: first, to reduce the toxic condition of the blood; and second, to flush the kidneys and provide good elimination; a light, soft diet consisting mainly of all types of fluids, and milk with toast and jello was also ordered.

For twenty-four hours after entrance Mrs. S. lay in a stupor, scarcely rousing for food or drink. Then a great change was noted and recovery seemed possible. She recognised friends and relatives, took a vivid interest in her surroundings, ate well, consumed a large amount of fluids and slept fairly well. At this time she was put on a soft medical diet. This improvement continued until her seventh day at the hospital, when she began to complain of pain in the right upper quadrant, and an ice cap was ordered. After a few hours the pain subsided and Mrs. S. was more comfortable.

However, the following day the pain returned and this time an ice cap had no effect. The gall-bladder region was slightly distended and the entire area very rigid. The pain became so acute that morphine sulphate, gr. 1/6, had to be given hypodermically to secure relief. At this time both heart stimulants were cancelled.

By the ninth day, symptoms of cerebral hemorrhage had vanished and those of an acute gall-bladder infection were very pronounced. The temperature ran high, both day and night, ranging from 101 to 105 degrees, despite the numerous alcohol rubs and the large amounts of fluid taken. Pain in the gall-bladder region was most severe and was accompanied by chills. A white blood count revealed an excess of almost 20,000 white blood cells, which is an indication of infection. On the tenth day, Mrs. S. began to vomit all food taken and was put on a fluid diet; a hypodermoclysis of 1,500 c.c., or about 1½ quarts of normal saline solution, was given every twelve hours. Her condition became rapidly worse, and at 11 o'clock on the morning of the eleventh day she was taken to the operating rooms for an emergency gall-bladder exploratory operation.

When the abdomen was opened it revealed a slightly distended gall bladder but a large green liver covered with white patches. One of these patches was incised and a large quantity of venous blood and pus was released. A hypodermoclysis was started in the operating room, drains were fixed in the gall bladder and liver, and the abdomen was closed. When Mrs. S. was returned to her room the family was told that all hope of recovery had vanished. Science and medicine had done all possible to save her life and had failed. Eleven hours after the operation Mrs. S.'s face became an ashen grey color, beads of perspiration stood out on her forehead, the pulse finally became imperceptible and she ceased to breathe.

There are many possible explanations for such an illness as Mrs. S.'s,

but the following is the most probable one:

Mrs. S. was a large woman and very obese. It is quite possible that the fat globules deposited throughout the tissues of her body were also deposited within the blood vessels, especially the arteries. When any foreign substance is deposited within the artery wall it not only narrows the lumen, thereby obstructing the flow of blood, but it also destroys and lessens their power to contract with each systole and diastole. After a period of time the fine muscle layer, characteristic of arteries, loses its tone and the artery becomes hard and indurated. With such a condition existing, it is not hard to understand why a high blood pressure would result.

That is exactly what happened in Mrs. S.'s case, and, because of her inability to follow doctors' orders, the pressure became so great that it had to find an outlet, and one of the thin, sensitive arteries beneath the skull ruptured. The released blood clotted, forming a pressure on the cerebrum, that portion of the brain having to do with motion, and the temporary paralysis resulted. The usual symptoms, as in Mrs. S.'s condition, are a high temperature, a hard, rapid, irregular pulse, profuse sweats, extreme thirst and a restlessness that often changes to stupor in the more pronounced cases. After a short time, nature interferes and equips the body with the power to absorb the clot, and, in doing this, sends out numerous white blood cells to surround the foreign body and devour it. This explains why Mrs. S. had a white blood count of 20,000. The white blood cells, aided by the rise in body temperature and the rapidity of the circulation, absorb the clot, and, with the removal of the pressure, ability to move the paralyzed portions of the body returns. If this body process had stopped here in Mrs. S.'s case, recovery would have been possible, but it did not. The absorbed blood, carrying with it poisonous toxins and bacteria, had to pass through the liver on its way to the lungs to be oxidized, and in passing dropped off some toxin and bacteria, setting up an inflammatory reaction in this organ. The liver attempted to remove some of the poisonous substances and in so doing deposited various groups of bacteria on its surface, where each group set up its own inflammatory reaction, resulting in the acute abscessed condition found on the operating room table. The prognosis in an abscessed liver condition is very grave.

Mrs. S. required excellent nursing care. Her body just filled the bed and its surface was very wrinkled with rolls of adipose tissue. Her hair was fine and quite long and became very easily matted. For the first two days after admittance, she had no control over either bladder or bowel and had to be watched very closely.

Perhaps the best way to understand the nursing care would be to outline the treatment given over a period of twenty-four hours.

In the morning, about 7.30 o'clock, Mrs. S. had a complete warm sponge bath, followed by an alcohol rub and the application of cold cream and zinc stearate powder to all the folds in the skin. At this time, also, her temperature, pulse and respiration were taken. Her hair was combed and neatly braided, nails cleaned and trimmed, as needed, and her mouth washed out with an alkaline antiseptic solution. Since she could not do this alone, the nurse kept large mouth swabs at the bedside to cleanse the oral cavity. Once a day lemon juice and glycerine, equal parts of each, was used as a mouth wash to remove the tartar and

sordes on the tongue. While the patient was turned on the side for her alcohol back rub, the under surface of the bed was made, and since Mrs. S. was accustomed to unexpected chills, a bath blanket was usually placed over the lower sheet. Each day a clean large sheet, draw sheet, two pillow cases, and twice a week a clean spread, were used on the bed. After this necessary morning procedure had been finished, the breakfast tray was served and Mrs. S. was fed her breakfast. As much fluid as possible was given at this time, usually 12 to 18 ounces, and immediately following breakfast a warmed bedpan was placed under the patient. She was allowed to remain on the bedpan only a short time, and when taken off was turned on her side, supported in this position by pillows, and the end of the spine was dusted with powder. An ice cap was filled and placed to her head and she was allowed to sleep until about 10 o'clock, at which time the ice cap was refilled, water or fruit juice was offered and she was turned to the opposite side.

At 12 o'clock the luncheon tray was served, fluids given, the ice cap refilled and an alcohol rub was given. At this time Mrs. S. was allowed to remain on her back, with two pillows beneath her head and a knee roll under the knees. Because she always ran a temperature over 99° her temperature was taken at this time. Her pulse was recorded every hour.

A third alcohol rub and a change of position was usually given about 2.30 in the afternoon. The ice cap was refilled every hour and fluids of all kinds pushed. At 6 o'clock preparations for the night were made, and included a partial bath, alcohol rub, mouth cleansing, and tightening of the bed. Each evening some member of the family came to call, and at about 8 o'clock Mrs. S. would fall asleep. She usually awakened about every two hours during the night for a bedpan, and every four hours her back was rubbed, position changed and fluids were pushed each time she awakened. About 4 o'clock, every morning, her gown would be saturated with perspiration and would have to be changed. At this time her face and hands were sponged and her mouth cleansed.

Mrs. S. usually received a low-pressure soapsuds enema every second or third day, as needed, to ensure proper elimination. She would not take mineral oil.

During the short period of time Mrs. S. lived, following her operation, Mr. S. or some member of the family was with her constantly. Her face and hands were sponged every hour and cracked ice was applied to her lips. To ensure proper drainage, the head of the bed was elevated following operation and the dorsal recumbent position was used.

I was very sorry that Mrs. S. had to die, a comparatively young woman, and leave such a desirable home and lovely family behind, but I was glad she did not have to suffer any longer. She never thought of herself, and the night before she died she wondered if she was disturbing others with her moaning. It was a valuable experience to be able to help care for such a patient and an experience I know I shall not soon forget.

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E. W.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

First Experiences in India

(Extracts from a private letter)

YESTERDAY was the day for home mail and we were so happy when we received the *American Journal of Nursing*. It is just like a long letter filled with so many things one wishes to know. I fear my Bengali suffered last night, as I read the *Journal* instead of studying. As to my work—I wondered how I would like this land of extremes: such low lands, such mountain peaks; such wealth among some, such poverty among others; knowledge for some but concentrated ignorance for others; fat, plump bodies here, starvation there. But by the time we arrived at our station, India had begun to grip us as it has others. We received a real welcome at the station and after five days, we were sent up to Darjeeling, 7,500 feet above sea level, for language study. I am really fascinated with the language and I hope we can master it quickly, though now it takes hours of our time pouring over simple sentences.

Since leaving home a good many things have become more real to me and I appreciate life much more. I am glad that I am an American, born and bred; then, I am glad I'm a nurse, for surely there are wide avenues of service for nurses here; I am so glad I am a graduate of a university school of nursing; and lastly, I am happy to think that I'm in the first stages of being a missionary.

A. E. S.

India.

A Prophet is Not Without Honor Save in His Own Country

DURING a visit to relatives, these are the conditions I found. The family was three miles from the nearest village. The house was old and located in a grove. A little girl was ill in bed, with what the doctor had pronounced either typhoid or malaria, but he had never been asked to visit the child. The evening I arrived she was sitting up in bed, with a temperature of 103 degrees, eating fried chicken. There were flies and the window screens were badly torn. Other children were in and out of the sick room, sitting on the bed, eating raw fruit and vegetables. No aseptic technic was being carried out, and at night the living room was full of neighbors, all night long.

This went on for two nights. Then I told the father I thought he should have a doctor. He came, and when he learned that I was a trained nurse, visiting in the house, he took me to task, in the presence of the parents. Only then, did they begin to see that I knew what I was talking about, and I had their coöperation in keeping the children out of the sickroom, mending the screens, and preventing those all-night parties. I purchased needed supplies and obtained enough typhoid vaccine, from the Health Department, to vaccinate the remainder of the family.

The house was put in order, the sick child put on a proper diet, flies destroyed or driven out of the house, the home quarantined, and proper sterilization and disinfection carried out. The first dose of vaccine was given. By this time the Widal had returned, positive, and the child had had one severe bowel hemorrhage, but things were running along quite smoothly. At the end of ten days, when I had to return to my hospital duties, we sent an undergraduate nurse to the home, no graduate being available. The last report was that the nurse was still on the case and the child was doing nicely.

E. M.

Missouri.

Observations and Impressions of a Postgraduate Student

(With apologies to O. O. McIntyre)

THE gong of ambulances, incessant noise of street cars, continual cry of babies, St. George's chimes . . . tiled floors, aching feet . . . ill-ventilated classroom, hard seats . . . organdie caps, starched caps, veils, and black bands . . . Miss K. beauty, personality, wisdom and charm . . . why is a class hour so short and a lecture hour so long? . . . occipito-posterior without a tear, twins, opthalmia neonatorum Caesarean section . . . ruptured uterus without hysterectomy, discharged on twelfth day, walking . . . gravida 4, breast milk ounces 20, per electric breast

pump, b. i. d. . . . analgesia . . . O. P. D. . . . night duty . . . hurry, hurry, hurry . . . chrysanthemums drooping in empty corridors . . . sun rises . . . lovely mornings with crisp coolness . . . gayety and confusion of a Halloween party . . . a gypsy telling fortunes, some one at the piano . . . a laughing crowd around the punch bowl . . . time flies, thesis, case records and poster in . . . hectic borrowing of notes . . . final exams. Three months of growls, complaints, hard work, marvelous experience, interesting lectures, good food, enjoyable evenings around the radio, gatherings in rooms, talks, bridge. A roll of parchment . . . rain falling steadily in silver slants . . . three months ended.

G. M. H.

New York.

The Prevention of Thumb-Sucking

AN interesting little device has recently been made available for the prevention of thumb-or finger-sucking.

Small Anne, the inventor's daughter, had that bad habit, and such a delicate skin, that to use the solid cuff was to issue an invitation to prickly heat. She was too old for the aluminum mitts—no child of fifteen months can be happy to "just sit" nor even to "sit and think," so after some experimenting, the following armlet was made and has proved its worth.

It consists of three graduated loops of very light aluminum wire, joined by a slightly bent piece of the same material. This slips on over the arm, the smallest loop encircling the wrist, where it is held in place by a soft piece of ribbon or tape. Its advantages over the old-fashioned appliances are numerous, chief among them being: its coolness, lightness, comfort to the wearer through the slight flexion of the elbow it allows, the access of the vital actinic rays to the arm, the absolute freedom of motion allowed—except that of putting the hand to the mouth—, the ease with which it may be washed, sterilized and attached, and its cheapness.

These armlets are made by hand by a veteran of the World War, although the rapidly increasing demand soon will necessitate the use of a machine.

Information as to price and method of sending measurements may be secured from Mrs. S. B. Whittier, Chattahoochee, Georgia.

An Exception That Proves the Rule

A QUESTION and answer on page 1288 of the November issue of the *Journal* make it imperative for me to write the following. I do it in a very friendly way, but with definite feeling.

Miss "A", a graduate of one of our oldest and most respected hospitals, became the superintendent of nurses in the school of which I am a graduate; a school which has very dear traditions, both inherited and adopted from older schools. For some time she has worn both our cap and pin, and I am confident that I am expressing an unanimous feeling when I say that in doing so she has honored us more than we have honored her in offering them.

Therefore, to the originator of this question may we say that in our school we are proving the legitimacy and the possibility of a righteous and honorable exchange.

A. McM.

[The use of the cap discussed above is really a totally different matter from that discussed on page 1288 of the November *Journal*. The superintendent mentioned above designed and wore the cap when she established the school, thereby at once giving it dignity and making it an object to be desired by the students who, with just pride, have followed in her footsteps. Her use of a cap other than her own was therefore based on sound ethical reasoning.

Much might be written on the use of caps. A few superintendents of nurses do not wear them at all, believing that the cap is the insignia of those who actually care for patients, a belief founded on the original purpose of caps, *i.e.*, to cover the hair. Many caps have entirely lost this significance.—*Editor*]

A Message from Linda Richards

(Unfortunately Miss Townsend's letter arrived too late for inclusion in the December *Journal*.)

AGAIN the Christmas Season is with us; another year for Miss Linda Richards has come and gone. She continues on from month to month in much the same way. She enjoys the days as they come and go, keeping strict account of the days of the week and month.

Miss Richards has greatly endeared herself to our entire household. Every nurse going in her room is her special friend and she always has something cheerful and pleasant to tell them.

I asked Miss Richards if she had any special message to send her friends out in the nursing world; her answer was, "Tell them Miss Richards is an old lady now, but that her heart is still young, and today as in other days she enters into the spirit of Christmas by wishing

for all her friends, far and near, health and prosperity, and may the coming year open a new gateway of happiness and cheer."

ADELAIDE TOWNSEND, R.N.

Ann Judson Ross Home,
Northboro, Mass.

Information Wanted of Brantford Graduates

THE Brantford General Hospital Archive Committee urgently requests a record of all former nurses trained at this school since its inception, 1888–1914. Will nurses kindly assist to further this aim by sending in their names, addresses, year of graduation, also any information regarding other graduates of those dates. Nurses will be required to furnish diploma if requested.

MISS M. MACCORMACK,
Secretary Alumnae Association.

General Hospital,
Brantford, Ontario.

One Experience with Glycerin Treatment for Prevention of Impetigo Contagiosa

JUST at the time when we were trying to combat an epidemic of impetigo contagiosa in our nursery, an article by Dr. Ellis Kellert was brought to my attention. This advised "anointing the entire body of each infant after bathing with a solution consisting of equal parts of glycerin and water."

When we commenced this treatment, impetigo had reached the sixteenth baby. In fact, every baby in the nursery developed it. We started the treatment described, taking another room for the nursery while the nursery proper was cleaned and painted. We have not had a case of impetigo since starting this treatment, four weeks ago. This is the more surprising, as a student nurse was found on duty in the obstetrical department with impetigo, and admitted having had "spots" for five days, but did not think they amounted to anything. She continued to have a repetition of blebs until the glycerin treatment was suggested to her. Since using it, no new blebs have occurred, and she is now on duty.

We are continuing this treatment in our nursery as a preventive measure, for there seems to be quite an epidemic of impetigo in the community.

ANNA GRACE SCOTT
Superintendent of Nurses

St. Luke's Hospital,
St. Paul, Minn.

S. O. S.

Illinois Nurses—Anywhere—Everywhere:

The Illinois State Nurses' Association is preparing to write a history of nursing in Illinois. To accomplish this we are asking all Illinois nurses, wherever you are, to send us all material you can secure on the subject. It may include: publications, reports, pictures, anecdotes by word of mouth, personal experiences, and WHAT HAVE YOU? In every case the source of information should be given.

A contest is being inaugurated with substantial prizes ranging from $100 to $5 to those sending in the most comprehensive and worth-while collection.

To all sending material of value it is hoped some remuneration may be given. Send material to the Secretary, Mrs. Lucy Van Frank, Room 1504, 116 South Michigan Avenue, who will also give further details of the contest if desired.

Binghamton Is Over-crowded

NURSES who are contemplating coming to Binghamton, N. Y., to work, are advised not to do so, as there is not enough work for nurses already here.

SECRETARY ALUMNAE ASSOCIATION,
Binghamton Training School.

So Is Birmingham

DISTRICT 1 (Birmingham) of the Alabama State Nurses' Association does not wish to be inhospitable but advises nurses planning to come here to do private duty that unemployment is a serious problem in that branch of nursing here, many local nurses not making enough to live.

CATHERINE A. MOULTIS.

Alabama.

So Is Colorado Springs

WILL you please publish a warning to nurses contemplating coming to Colorado Springs, Colo? We do not wish to appear inhospitable, but it might save many time and money to know there is not enough work for nurses who are already here.

M. A. P.

Colorado.

Information Wanted

INFORMATION is desired of a graduate nurse, Bernice A. Brady, who graduated from the Springfield Hospital in 1916 or 1917 (city and state not given). Miss Brady went to France and later was in the Harland

Hospital for postgraduate work and was doing Red Cross work in Martinsburg, West Virginia. Following that, she was in Illinois and in St. Louis, where she did private duty nursing. She may have been married. Anyone knowing her present address is asked to communicate with William Brady, 1317 Eighteenth Ave., South, Birmingham, Ala.

How We Use the Journal

WE are requiring our second- and third-year students to read the *Journal*. In fact, we have it in our curriculum as a weekly recitation hour. The students take hold of it eagerly and enjoy it as well as any of their subjects. They are made to feel a part of the nursing world in this manner, realizing they are at present only students but it stimulates them to want to be the higher type nurse since they read of the overproduction of nurses. Every fifth week we have a "Question Box." Each student asks several questions from articles she has read in the last month's *Journal* and places the questions in the "Box." It always proves interesting, if not exciting, to see who can answer the most questions.

Journals Wanted

EMILY P. HARRIS, the Babies' Hospital, Seventh and DeLancey St., Philadelphia, wishes to obtain copies of the *Journal* for February and March, 1927. She will pay at current rates. (Write her, first.)

Geneva Peters, 1040 Margaret Place, Shreveport, La., wishes to assemble a complete file of the *Journal*. Those who have numbers to give away are asked to send them to Miss Peters; those who wish to sell them, are advised to write to her, first.

Journals on Hand

MRS. HELEN E. GREENAMYRE, 634 South Mason St., Fort Collins, Col., has the following numbers of the *Journal:* 1909, September, October, December; 1910, January and February.

Evaline MacRae, 214 DeKalb St., West Philadelphia, Pa., has the following copies of the *Journal* which she will sell for 25 cents each: 1920, April and December; 1921, February through December; 1922, January; 1924, July; 1928, March, April, September.

A New Schedule for Specials

AN eight-hour day was established for special nurses at the Hospital of the Good Samaritan, Los Angeles, beginning June 1. . . . Under the eight-hour plan, three nurses at six dollars a day would cost the patient $126 per week. With the ten-hour plan, two nurses would cost the patient $112, including two dollars a day each for meals. Computing the salary on a weekly basis, the difference is an additional fourteen dollars paid out by the patient. Three nurses for three days continuous service, and two nurses for four days, would cost the patient $102. A patient is usually able to be on floor duty after the fourth postoperative day. If a continuous service is given for the first seventy-two hours, and then a continuous service from 7 a.m. to 11 p.m., the patient going on floor duty from 11 p.m. to 7 a.m., ten dollars is saved, compared with a ten-hour service. The hospital suffers this loss, not the patient nor the nurse.

No meals are paid for by the patient under the eight-hour duty plan. The schedule of hours has been arranged as follows: 7.00 a.m. to 3.00 p.m.; 3.00 p.m. to 11.00 p.m.; 11.00 p.m. to 7.00 a.m. No definite meal hour is set.

A cafeteria where special nurses may purchase a meal or refreshment during meal hours has been arranged. Tickets, the purchasing value of which is five or ten cents, are obtained at the cashier's office.

An eight-hour day is in force for all of the members of the nursing staff; this includes nurses on general duty.

Nurse attendants have been employed on the floors to do the unskilled work, cleaning, messages to the various departments of the hospital, etc. The graduate and student staff will then be able to give their undivided attention to the many details in nursing where the welfare of the patient is involved. Of course it will be necessary, under special conditions, for these little attentions to be done in the patient's room by the nurse herself.

Special nurses who were engaged by the patient on the twelve-hour plan prior to June 1 have remained on at these hours. Our medical staff is entirely in sympathy with the eight-hour duty. We feel it has been a great step forward.—Excerpts from "A New Schedule" by Gertrude L. [illegible], R.N., in the *Pacific Coast Journal of Nursing*, September, 1929.

Abstracts

Ellis Kellert, M.D.: On the Control of Epidemic *Impetigo Neonatorum* by Means of Glycerine. *American Journal of Obstetrics and Gynecology,* September, 1929.

No more annoying condition is encountered by the obstetric departments of hospitals than the occasional invasion of the nursery by impetigo contagiosa.

Several references in the literature show that there is a well established basis for the use of glycerine in treating infection and inhibiting bacterial growth. Since at best it is but mildly antiseptic and requires prolonged contact for favorable effect, glycerine must of necessity have limited applications. My object is to call attention to a simple method for the prevention of a contagious skin disease—impetigo contagiosa.

In February, 1927, our attention was called to the presence of impetigo in the Ellis Hospital nursery. Despite all precautions, isolation, and special nurses, the disease spread from one infant to another. Mercurial ointment and mercurochrome were in constant use, but with little influence on the spread of the infection. Invariably more than one bleb developed and in some instances the disease approached a bullous form. The method proposed and apparently used successfully was to sponge the body of each infant, after its bath, with a solution consisting of equal parts of glycerine and water.

This procedure is based on the fact that 50 per cent glycerine inhibits the growth of pyogenic cocci and is not irritating to the skin. The thin film of glycerine on the skin appears to retard the growth of bacteria sufficiently to prevent the lesions from developing. No [illegible] was noted as resulting from the use of the glycerine. The solution of 50 per cent or 60 per cent glycerine should be kept in a stock bottle sterilized by boiling or in the autoclave. In using the solution, it should be poured from the bottle on cotton and daubed on the [illegible], scalp, etc., following the bath.

When the treatments were begun there were 16 babies in the department, four of whom had the disease in varying degrees. Two of the more extensively affected infants were removed from the hospital. The remaining two were sponged daily with the 50 per cent glycerine solution and likewise the twelve normal infants. Of the former no new lesions appeared, and of the latter none developed the disease. Apparently the epidemic ceased.

In November, 1927, one infant in the nursery developed characteristic blebs near the right axilla and a diagnosis of impetigo was made. The glycerine method was immediately instituted and kept up for four days, twelve infants being so treated. No further cases developed, nor did the disease spread in the infant affected. This is the first time in recent years that the disease was limited to one patient. During the year 1928 impetigo appeared twice. On each occasion all infants in the nursery were sponged daily for four days with the glycerine, and no additional cases developed.

Our experience with the method, while not establishing its value conclusively, is such as to recommend its use in the absence of a more effective method. Even when the water baths are omitted for a week and glycerine used alone, the skin is less irritated, more supple and healthier appearing than under the usual nursery routine. Should an epidemic prove refractory to the 50 per cent glycerine, it is urged that a 60 per cent mixture be used, but it is doubtful that a stronger solution will prove more effective.

Since we have been free from epidemics of this disease for some time now, this preliminary report is made with the hope that the method will be tried elsewhere for apparently the disease is quite common throughout the country and difficult to eradicate completely.

H. E. Hasselton, M.D.: Current Studies of Undulant Fever, (*Public Health Reports,* United States Public Health Service, July 12, 1929.)

Among other diseases that may be confused with undulant fever are typhoid and paratyphoid fever, tuberculosis, rheumatism, malaria, influenza, focal infections, sinusitis, appendicitis, and tularemia. Hoping to be able to give the profession at large assistance in recognizing the disease, I have undertaken to obtain a clinical history of a large number of cases. While my study has not progressed sufficiently

to warrant a report, I will offer the following sketch of the salient points for consideration in the diagnosis of undulant fever.

The first symptom usually is a general feeling of weakness in the afternoon, accompanied by headache, or general aching. The patient then discovers that he has fever, which is usually preceded by chilliness, or a definite rigor, followed by a hot stage and a rather profuse perspiration, particularly noticed upon awakening. If questioned closely, most patients will report that the sweating is limited to the upper half of the body. It is quite common for patients to feel so well in the morning that they want to go to work; but if they do, they are ready to quit early in the afternoon. When seen in the febrile stage the patient appears only slightly ill; and if his temperature is taken, it will be surprising to find it 1 degree to 3 degrees higher than the general appearance of the patient would indicate. The daily variation is usually marked, being at or near normal in the morning, and going to 103 degrees or 104 degrees in the afternoon. If taken every four hours, a rather irregular curve within each day is frequently noted. The blood picture usually shows a slight anemia, a slight leucopenia, and a considerable increase in the lymphocytes, with a corresponding reduction of the polymorphonuclears. After the fever has risen by irregular steps to a maximum of 103 degrees to 104 degrees, occasionally higher, it usually declines by lysis, and remains normal for a period varying from three days upward. Then another febrile wave begins, usually not quite so severe, nor quite as long as the first, followed by an afebrile period slightly longer than the first. Some cases have but one febrile wave; others have them irregularly over a period of one to three years. The general symptoms of the disease come and go with the febrile wave. Joint pains, especially upon getting about after the fever has returned to normal, are present in most cases. They vary from slight pain to moderate interference with the function of the joints. Anorexia, constipation, insomnia, and increased irritability are present in a majority of cases.

Among complications reported, the most prominent are orchitis, or epididymitis, and abdominal conditions caused by a localization of the infection in the viscera, particularly in the female reproductive organs. Prostatic symptoms have been noted in the male, and abortion in pregnant women has been attributed to the infection on frequent occasions.

It is too early to know whether the infection may cause any late sequelae, such as sterility, which the disease is known to cause in a portion of the domestic animals that it attacks.

We know comparatively little of the pathology of the infection in human beings. Whether the infection with the types of *Brucella abortus* differs in its pathology from that of *Brucella melitensis* is not yet known.

For diagnosis, blood serum should be submitted for an agglutination test against *Brucella abortus* as well as against the typhoid organism. The first specimen should be taken about a week after the onset of fever; if negative, a second specimen should be forwarded. I recommend the drawing of 10 cubic centimeters of blood, under sterile precautions, placing it in a suitable sterile container, allowing it to clot, and then forwarding the whole specimen to the laboratory. In the laboratory the serum may be separated for serum tests and the clot planted in proper media in an effort to grow any organism that may be present. The diagnosis should always be confirmed by a positive agglutination test, and preferably by blood culture, if possible. . . .

Evert A. Bancker, Jr., M.D.: The Increasing Importance of Undulant Fever. (The *Journal of the Medical Association of Georgia*, October, 1929.)

This disease is usually contracted by drinking infected milk. Farmers and dairymen frequently contract the disease by coming in contact with the excreta of infected animals.

The treatment of undulant fever is the treatment of a mild septicemia. As there is no specific therapy, the treatment must be purely symptomatic except for those patients who do not seem able to build up their own immunity. For such cases I recommend a vaccine. . . . The diet should be of a high caloric type, combined with a high purine diet during convalescence to overcome the mild secondary anemia which usually attends the disease. The patient should be kept in bed if the temperature is over 99 degrees or if there is prostration, but many patients feel better in the open air if their condition will permit it. Moderate exercise is beneficial during convalescence. . . .

The prognosis in most cases is good.

Preventive measures should include testing of cattle for contagious abortion, and isolation of animals which are found to react; preventive inoculation of persons engaged in the care of cattle; testing by state laboratories for undulant fever of all negative Widal and Wassermann specimens; making the disease reportable in all states; pasteurization of milk in communities where cases of undulant fever have been diagnosed.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

Biennial Plan

Arrangements for the biennial convention of the three national nursing organizations, to be held June 9–14 in Milwaukee, are progressing in spite of the holiday time. Transportation arrangements are taking form. Details in Milwaukee are being worked out. Contracts for exhibits are coming in with a promptness that promises much for the interest of the exhibit. The Convention Committee and the Program Committees are conferring frequently.

Mimeographed Bulletin

One of the minor decisions of the Convention Committee, but one calculated to bring considerable comfort to convention-goers, is that concerning the daily bulletin. Do you remember at various other conventions how you tried to get your daily information about meetings, luncheons, side trips, and a dozen other things? You located the bulletin board, not by seeing it, but because where the greatest crowd was gathered, there undoubtedly was the board with its chalked notices. You wanted to find out about your state dinner, so you pushed your way into the crowd. You wedged yourself through a group of half a hundred equally hurried ones until you reached a point where even pushing availed you nothing. You were stopped. And then you discovered you had forgotten your glasses, and the board was too distant for the writing to be discernible. So you turned and slowly pushed your disconsolate way back whence you had come.

This bulletin-board congestion is to be eliminated at the coming biennial by the simple expedient of substituting a daily bulletin. In order to expedite work and make possible the publication of the usual late insertions, the bulletin will be issued in mimeographed form. It will make no pretenses, and its purpose will be strictly utilitarian. It will contain notices of changes of meeting times or place, of special sessions, social events, and those other items that usually find a place on the bulletin board. The bulletin, modest though it be, should prove its value many times during the brief period of its publication.

Transportation

Definite progress is reported in matters of transportation. Chairmen for the transportation districts have been appointed by Mrs. Alma H. Scott, Transportation Chairman, as follows:

North Atlantic States: Emily J. Hicks, New York State Nurses' Association, 370 Seventh Ave., New York City.

New England States: Helene G. Lee, 420 Boylston St., Boston, Mass.

West Coast States: Cora E. Gillespie, 327 Cobb Building, Seattle, Wash.

South Central States: Mrs. C. H. Ray, 2307 Fillmore St., Amarillo, Texas.

North Central States: May Kennedy, 6400 Irving Park Blvd., Chicago, Ill.

Gulf States: Mrs. B. S. Cawthorne, Bureau of Public Health, City Health Department, Memphis, Tenn.

Mountain States: Anna C. Jammé, 609 Sutter St., San Francisco, Calif.

South Atlantic States: Jane Van De Vrede, 131 Forrest Ave., Atlanta, Ga.

These division chairmen will appoint their own committees and, in order to facilitate the planning of routes, special trains, and the like, a list of these chairmen has been furnished various railroad representatives.

[illegible]
With sail boats and yachts at anchor in the bay off the Milwaukee Yacht Club.

Program Plans

The first announcement of the program plans will be made in the February issue of the *Journal*. The Convention Committee has made recommendations to the three Program Committees relative to speakers for joint sessions, and the committees are hard at work on topics and speakers for their particular sessions.

Janet M. Geister, Headquarters Director, is chairman of the A. N. A. Program Committee, the members of which are the chairmen of the four sections: Anna C. Gladwin, Private Duty Section; Effie J. Taylor, Mental Hygiene Section; Josephine E. Thurlow, Legislative Section, and Elnor D. Gregg, Government Section.

Nellie X. Hawkinson, is chairman of the Program Committee of the National League of Nursing Education, with, as her assistants, Helen Denne, University of Wisconsin Hospital, and Irene English, Kahler Hospital, Rochester, Minn.

National Organization for Public Health Nursing has appointed Sophie C. Nelson of Boston as chairman of its program group. Serving with her are Winifred Fitzpatrick, Providence; Helen M. Erskine, Chambersburg; Mrs. Whitman Cross, Chevy Chase; Helen Hartley, Stockton; Mrs. Elizabeth Soule, Seattle; Mrs. Kathryn Schulken, Denver; Olivia Peterson, Minneapolis; Grace Ross, Detroit; Mary C. Chayer, New York; Pearl McIver, Jefferson City; Jessie Marriner, Montgomery; Jessie Woods, Richmond.

Hotel Prices

Do not forget that the early reservation secures the desirable room. Make your hotel reservations with a minimum of delay. There follows a list of hotels, such as was published in the December issue of the *Journal*, with prices to aid in guiding your choice of location.

		Without Bath	With Bath	Suites
*Abbot Crest—140 rooms and aparts.	Single	$1.75	$2.25 to $4.00	
1226 Wisconsin Ave.	Double	2.50	3.50 to 6.00	$5.00 and up
Adelphi—46 rooms	Single	1.25 to $2.50		
275 Tenth St.	Double	2.50 to 3.50		
*Ambassador—300 rooms	Single		3.00 to 6.00	
2308 Wisconsin Ave.	Double		5.00 to 12.00	6.00 and up
Antlers—450 rooms	Single	1.00 to 1.75	2.00	
120 Second St.	Double	1.50 to 2.50	3.00 to 4.00	
*Astor—1,000 rooms and apartments	Single		2.50 to 5.00	
924 East Juneau Ave.	Double		3.50 to 6.00	10.00 to 25.00
Belmont—110 rooms	Single	1.75 to 2.00	2.75 to 3.50	
Fourth and Wells Sts.	Double	2.75 to 3.50	3.75 to 4.50	8.00 to 10.00
Blatz—75 rooms	Single	1.50 to 2.50	2.50 to 3.50	
East Water and E. Wells Sts.	Double	2.50 to 3.50	3.50 to 4.50	3.50 to 6.00
Brown—60 rooms	Single	.75 to 1.50		
305 Fourth St.	Double	1.50 to 2.50		

* These are apartment hotels with accommodations for transient guests.

Hotel		Without Bath	With Bath	Suites
*[illegible]—[illegible] rooms and apartments	Single	1.50 to 2.50	2.50 to 3.50	
[illegible] St.	Double	2.50 to 3.50	3.50 to 5.00	5.00 to 7.00
*[illegible]—[illegible] rooms and apartments	Single		2.50 to 3.50	
[illegible] St.	Double		3.00 to 4.00	3.50 to 7.00
[illegible]—[illegible] rooms	Single	1.25 to 2.00	2.50	
111 [illegible] St.	Double	2.00	3.50	
[illegible]—[illegible] rooms	Single	.75 to 1.00		
[illegible] St.	Double	1.50 to 2.00		
[illegible]—115 rooms	Single	1.50 to 1.75	2.00 to 3.00	
[illegible] Third St.	Double	2.50 to 3.00	3.50 to 5.00	5.00 to 6.00
[illegible]—[illegible] rooms	Single	1.50 to 3.00	2.50 to 3.00	
E. Wisconsin Avenue and Cass St.	Double	3.00 to 4.50	3.50 to 5.00	
[illegible]—[illegible] rooms	Single	1.00 to 1.50	1.75 to 3.00	
[illegible] E. Wisconsin Ave.	Double	2.00 to 3.00	3.50 to 5.00	
*[illegible]—[illegible] rooms and apartments	Single		3.00 to 6.00	
[illegible] St.	Double		5.00 to 8.50	8.50 to 15.00
[illegible]—[illegible] rooms	Single	1.50 to 2.50	2.50 to 3.00	
[illegible] East Wisconsin Ave.	Double	2.50 to 3.25	3.50 to 6.00	4.00 and up
[illegible]—[illegible] rooms	Single	1.75 to 2.25	2.50 to 3.00	
Third and Michigan Sts.	Double	2.75 to 3.00	3.50 to 5.50	
[illegible]—[illegible] rooms	Single	1.00 to 1.75	2.00 to 2.50	
[illegible] Wells St.	Double	2.00 to 2.50	3.00 to 4.00	4.00 to 6.00
[illegible]—[illegible] rooms	Single	1.75 to 2.00	2.50 to 3.50	
[illegible] St.	Double	3.00 to 4.00	3.50 to 5.00	
[illegible]—125 rooms	Single	2.00 to 3.00	2.50 to 5.00	
[illegible] St. and Wisconsin Ave.	Double	3.00 to 4.00	4.00 to 8.00	5.00 to 10.00
[illegible]—[illegible] rooms	Single	2.50 and up	3.50 and up	
[illegible] St. and East Wisconsin Ave.	Double	4.00 and up	5.00 and up	15.00 and up
[illegible]—[illegible] rooms	Single		3.00 to 7.00	
[illegible] and Michigan Sts.	Double		5.00 to 9.00	10.00 and up
*[illegible]—[illegible] rooms and apartments	Single		2.50 to 4.00	
[illegible] St.	Double		4.00 to 6.00	
[illegible]—[illegible] rooms	Single	1.50 and up	2.50 and up	
Third and Cedar Sts.	Double	3.00 and up	4.00 and up	6.00 and up
[illegible]—[illegible] rooms	Single	1.75 and 2.00	2.50 and 3.00	
[illegible] and Michigan Sts.	Double	3.00 and 3.50	4.00 and 5.00	4.00 and up
[illegible]—[illegible] rooms	Single		3.00 to 7.00	
[illegible] and Wisconsin Ave.	Double		5.00 to 10.00	10.00 and up
[illegible]—[illegible] rooms	Single	1.00 to 1.25		
[illegible] E. Wisconsin Ave.	Double	1.50 to 2.00		
*[illegible]—[illegible] rooms and aparts.	Single		3.00 to 4.00	
[illegible] Ave.	Double		5.00 to 7.00	8.00 to 20.00
[illegible]—[illegible] rooms	Single	1.50 to 2.00	2.50 to 5.00	
[illegible] Third St.	Double	3.00 to 4.00	5.00 to 10.00	12.00 to 20.00

* These are apartment hotels with accommodations for transient guests.

Nurses' Relief Fund

Report for Month Ending November 30, 1929

Receipts

Interest received on investments........ $65.00
Interest received on bank balances........ 2.41

Contributions

California: State Association........ 28.00
Colorado: St. Joseph's Alumnae, Denver... 36.50
Florida: Districts [illegible], $[illegible]; [illegible], $11........ 14.00
Iowa: District [illegible], $[illegible]; Alumnae associations—[illegible], Iowa City, $15; [illegible], $[illegible]; University, $33; [illegible], [illegible], $[illegible]; Jennie [illegible], $[illegible]........ 184.00
Kansas: District [illegible]........ 53.25
Kentucky: [illegible] Hospital Alumnae........ 10.00
[illegible]: Alumnae associations—St. [illegible], $[illegible]; St. Luke's, [illegible], $[illegible]; [illegible], $4; [illegible], $[illegible]........ 48.50
[illegible]: St. [illegible]'s Alumnae, $97; [illegible], $18.75........ 115.75
[illegible]: Alumnae associations—[illegible], $[illegible]; University, $[illegible]; individual contributions, $[illegible]........ 61.00
New Jersey: District [illegible], $[illegible]; Alumnae associations—[illegible], $[illegible]; Newark City, $500; Hackensack, $20; McKinley, $63; individual contributions, $20........ 711.00
New York: District 7, $50; District 12, $50; Alumnae associations—Erie County, $10; New York Post-Graduate, $10........ 120.00
Texas: Districts 1, $4; 2, $16; 3, $231; 13, $17........ 268.00
Virginia: State Association........ 500.00
Washington: District 4........ 8.00
Wisconsin: District 1, $39; Bellin Hospital Alumnae, $5; individuals, $3........ 47.00

Total receipts........ $2,272.41

Disbursements

Paid to 191 applicants........ $2,717.00
Salaries for October and November........ 508.32

Excess of expenditures over income for month ending November 30, 1929... $942.91

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in the different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply

to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman or the Director of the American Nurses' Association Headquarters, 370 Seventh Avenue, New York, N. Y.

Bordeaux Memorial Fund

Still the gifts come in for the Bordeaux School Fund, the object of which is to erect the right wing of the memorial school building. During November the following states increased their gifts to new totals:

Illinois	$2,161.04
Pennsylvania	2,082.52
Wisconsin	566.00

The total amount of the Fund, up to December 9, 1929, was $31,675.28.

Isabel Hampton Robb Memorial Fund

Report to December 9, 1929

Contributions

Illinois: Second District, $10; Sixth District, $10; Mennonite Alumnae, $4	$34.00
Indiana: District 3	10.00
Massachusetts: Memorial Hospital Alumnae, Worcester	5.00
Nebraska: State Association	25.00
New York: State Association	25.00
Total	$34,671.62

Mary M. Riddle, *Treasurer*.

McIsaac Loan Fund

Report to December 9, 1929

November 14, Balance	$178.32
Contributions	
Illinois: Second District, $10; Sixth District, $10; Mennonite Alumnae, $4	24.00
Nebraska: State Association	25.00
Part payment of loan	25.00
	$252.32
Disbursements	
Bank charge	1.00
Balance, December 9	$251.32

Mary M. Riddle, *Treasurer*.

Contributions to these funds are urgently requested from nurses' associations. The Loan Fund is especially in need of help, as there are seven on the waiting list and several other requests could not be granted.

Send all contributions to Mary M. Riddle, Care *American Journal of Nursing*, Room 1610, 370 Seventh Ave., New York. (Be sure to add the room number.) Checks should be made out separately.

National League of Nursing Education

Addresses Wanted

Copies of the 1929 Annual Report, mailed to members listed below, have been returned because of incorrect address. If these members will promptly notify Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York, of their proper address, their reports will be forwarded at once and postage for remailing charged to them. The addresses given are the last ones known.

Adshead, Eva, Memorial Hospital, Worcester, Mass.

Batdorf, Esther M., 739 S. Broad St., Philadelphia, Pa.

Bergh, Inger, 1412 E. 24th St., St. Paul, Minn.

Botkin, Dorothy J., Christ Hospital, Topeka, Kans.

Condit, Gae M., Stormont Hospital, Topeka, Kans.

Ehrenfeld, Rose M., 1709 Washington Ave., St. Louis, Mo.

Ewald, Elizabeth, Church Home and Infirmary, Baltimore, Md.

Fisher, Clara A., Ashtabula General Hospital, Louisville, Ky.

Gronewold, Dora, Newton Memorial Hospital, Winfield, Kans.

Gysel, Caroline, 7531 Stony Island Ave., Chicago, Ill.

Heiser, Edith, Newton Memorial Hospital, Winfield, Kans.

Hussey, Jessie M., Samaritan Hospital, Troy, N. Y.

Johanna, Henrietta, 563 Riley St., Buffalo, N. Y.

Kiddoo, Margaret V., 4015 Drexel Blvd., Chicago, Ill.

Kovars, Ann F., 4118 Sheridan Road, Chicago, Ill.

LeChard, Ethel, Union St., and New York Ave., Brooklyn, N. Y.

Lightsey, Carolyn T., Box 305, Louisa, Ky.

Lucier, Frances M., 1117 N. Dearborn St., Chicago, Ill.

Mallory, Olga, 237 Magnolia St., Cranston, R. I.

Melville, Mary E., Sheppard and Enoch Pratt Hospital, Towson, Md.

Murphy, Marie, Sheldon Hospital, Albion, Mich.

Ross, Elisabeth B., International House, Riverside Drive, New York, N. Y.

Sellars, Ethel G., Nassau Hospital, Mineola, N. Y.

Shupp, Anne, Hackensack Hospital, Hackensack, N. J.

Shutt, Mary E., St. Luke's Hospital, Davenport, Iowa.

Spargo, Beatrice, Samaritan Hospital, Troy, N. Y.

Stewart, Mary C., 735 Fullerton Ave., Chicago, Ill.

Stockwell, Dorothea, Samaritan Hospital, Troy, N. Y.

Whittaker, Annie J., Smith and Sherman Sts., St. Paul ,Minn.

Williams, Effie, Washington University School of Nursing, St. Louis, Mo.

Wilsey, Lillian, Frankford Hospital, Frankford, Pa.

Ziegler, Harriet M., Framingham Hospital, Framingham, Mass.

Ziegler, Wilhemine, Woman's Hospital, Detroit, Mich.

Stella Goostray R.N.
(Photograph by Bachrach)

Stella Goostray, Superintendent of Nurses, Boston Children's Hospital, has been granted a six months' leave of absence. Miss Goostray's services have been secured by the national nursing organizations to work on educational and administrative problems referred by the Grading Committee. Miss Goostray, who is a graduate of Boston Children's Hospital, is also a graduate of Teachers College, Columbia University. For a period of years she was Director of the Educational Department of the Philadelphia General Hospital School of Nursing where, working with Miss Clayton, she had wide experience in making adjustments for affiliates and "extended-experience" students, as well as in the more usual types of educational work. She brings to her important task valuable qualities which should make it possible for her to give constructive assistance and to make unprejudiced judgments.

Army Nurse Corps

During the month of November, 1929, orders were issued for the transfer of members of the Army Corps to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieuts. Virginia W. Woods, Pauline Kirby, Mary A. Kinney; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieuts. Alice H. Gallagher, Edna M. Smiley; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Della M. Robertson; to Station Hospital, Fort Lewis, Wash., 2nd Lieuts. Alice A. Becklen, Josephine N. Nesbit, Louise Mathisen; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieuts. Annie O. Baird, Clemmie Reynolds; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Eleanor W. Merrill, Dorcas C. Avery, Flores Masbach, Ethel I. Hipps; to Station Hospital, San Juan, P. R., Sophia F. Mickiewicz; to the Philippine Department, 2nd Lieuts. Jane E. Wilson, Della J. Bonner, Martha M. Sutter; to Station Hospital, Tientsin, China, Irene G. Truax.

Thirty-three have been admitted to the Corps as 2nd Lieuts.

The following named are under orders for separation from the Corps; Leonora A. Holland, Clemmie V. Robinson, Grace M. Fowler, Margaret Sheerwood, Eula Estes, Minnie M. Rose, Belle Soltz, Kathryne Adams, Marion J. Haley, Clara J. Perry, Laura K. Wood, Verma L. Barker, Margaret

E. Thompson, Magdalen Wyse, Hazel E. Norton, Mary S. Mixon, Nellie M. Haines, Mildred H. Johnston.

JULIA C. STIMSON,
Major, Army Nurse Corps.

Navy Nurse Corps

During the month of November, six nurses have been appointed and assigned to duty:

The following transfers were made: to Boston, Mass., Gertrude M. Burke, Minnie W. Stender; to Canacao, P. I., Ruth E. Cleaver, Gertrude K. Zellman, Carrie S Albright, Marguerite Rea; to Guantanamo Bay, Cuba, Margaret A. Orr, Louise D. Von Raben; to Guam, M. I., Lizzie E. Bomberger, Irene Bollerud, Ella May Rothermel, Mildred E. Furst; to Haiti, Josephine Knight; to Mare Island, Calif., Ruth B. Mentzer; to New York, N. Y., Sarah F. Herrity, Mary D. Towse, Chief Nurse, Marian B. Olds; to Portsmouth, Va., Lena A. Richardson; to San Diego, Calif., Bessie C. Graham, A. Frances Womack; to Dispensary, San Pedro, Calif., Mary E. Hand, Chief Nurse, Madge Solomon; to St. Thomas, V. I., Katherine Elder; to Washington, D. C., Bureau of Medicine and Surgery, Margaret M. Welsh, Chief Nurse.

The following nurses have been separated from the Service: Sylva Barr, Lottie R. Jesse, Rosemary Lenehan, Clara E. Day, Elsie C. Abel, Iva L. Jones, Jennie T. Connelly, Camille L. Young, Thelma O'Donnell.

J. BEATRICE BOWMAN, R.N.,
Supt., Navy Nurse Corps.

U. S. Public Health Service

The following transfers, reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of November, 1929:

Transfers: to Baltimore, Md., Margaret Tingelhoff; to Pt. Townsend, Wash., Katherine Taulbee, Chief Nurse; to Chicago, Ill., Helen Hunt, Chief Nurse, Ella Stein; to Cleveland, O., Ileene Greene.

New Assignments: Twelve.

Reinstatements: None during November.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING SERVICE

From present indications, there is much optimism among the nursing personnel of the U. S. Veterans' Bureau regarding the formal program of instruction in the nature of post-graduate work. Because of its practical applicability, it is believed the inspiring effect of this course cannot be over-emphasized; it is apparently an opportunity to broaden the experience of the nurses in every possible way, and is warmly welcomed.

During the month of November, orders were issued for transfer of the following named nurses: To U. S. V. H., Fort Harrison, Mont., Mary J. Nash; to Boise, Idaho, Clara Quinlan; to Fort Snelling, Minn., Josephine Fennel.

The following were reinstated: Andra Stillabower, Mabel Schuckman, Katherine M. Hegarty, Sara O'Conner, Nola M. Transdale, Harriet Meloney, Anna May McColl.

Thirty-three new assignments were made.

The following-named have been separated from the service: Alpha D. Aubol, Mabel Y. Bernard, Emma W. Brown, Hazel M. Dickison, Ella E. Cox, Emma G. Fuller, Angeline Goss, Anna P. C. Holliday, Alice T. Gayer, Grace L. Lewis, Nancy F. Johnston, Esther P. Hartford, Philomene Marshall, Anna F. Martin, Catherine B. McNally, Gladys Miller, Elise Moore, Louise F. Maringer, Lena Renwick, Emma K. Rice, Cecelia O'Conner, Julia V. Olson, Evelyn B. Ouellette, Leona E. Radman, Winifred Riley, Ethel Thompson, Sara Vanderford, Grace F. Wright, Margaret C. Yaun, Dorothy E. Piper, Lula M. Woolf.

MARY A. HICKEY,
Superintendent of Nurses.

American Hospital Association

The AMERICAN HOSPITAL ASSOCIATION will hold its next annual convention in New Orleans, La., October 21–24.

American Public Health Association

The fifty-ninth annual meeting of the American Public Health Association will be held in Fort Worth, Texas, during the week of October 27, 1930, with the Hotel Texas as headquarters. The annual meetings of this oldest and strongest of public health

organizations brings together for a week of scientific discussion, all of the public health leaders of the continent. It is always the most important health convention of the year. Health officers, nurses, distitians, sanitary engineers, child and industrial hygienists—all of the specialists that make up the public health profession—meet to consider their common problems. Each of the ten sections of the Association—Health Officers, Laboratory, Vital Statistics, Public Health Engineering, Public Health Nursing, Public Health Education, Food, Drugs, and Nutrition, Industrial Hygiene, Child Hygiene and Epidemiology—arranges an individual program, and there are a number of general sessions to which the public is invited.

Detailed programs of the Fort Worth meetings will be announced in the official publication of the Association, the *American Journal of Public Health* and the *Nation's Health*. Further information may be obtained from the Executive Secretary, Homer N. Calver, 370 Seventh Avenue, New York.

American Social Hygiene Association

The annual meeting will be held at the Hotel Pennsylvania, New York, January 17 and 18, with the following program:

January 17.—Morning, informal conferences and field trips for members and guests. Noon, luncheon meetings of standing committees and special luncheon groups arranged for members. Afternoon, 2, conferences of delegates with national staff on selected topics. Evening, dinner meeting under the auspices of the Committee on States Relations and Activities.

January 18.—Morning, 9.30, business meeting of the Association. 10.30, session on Family Relations. Introductory remarks including statements upon eugenics and problems of the family: (1) "Training for Successful Marriage"; (2) "Training for Parenthood." Concluding remarks by the chairman, Mrs. A. G. Spencer.

National Conference of Social Work

The fifty-seventh annual meeting of the National Conference of Social Work and associate groups will take place in Boston, June 8 to 14. More than forty groups in various fields of social work will meet at that time. The Conference will be formally opened on the evening of June 8 by a presidential address given by Dr. Miriam Van Waters, referee of the Los Angeles Juvenile Court.

Attendance at the Conference is open to any who wish to come. Headquarters will be at the Statler Hotel. Evening sessions will be at the Boston Gardens. Special rates will be offered Conference members for round-trip tickets. Hotel reservations should be made immediately with J. Paul Foster, 80 Federal Building, Boston. Requests for further information may be sent to Howard R. Knight, General Secretary, National Conference of Social Work, 277 East Long Street, Columbus, Ohio.

Institutes and Special Courses

Illinois: Chicago.—The Central Council for Nursing Education will hold an Institute for Members and Boards of Directors of Hospitals and Public Health Nursing Organizations on Monday, February 17, at the Palmer House. The complete program will be published in the next issue of the *Journal*. However, with such outstanding leaders in hospital and public health fields as Dr. Haven Emerson, Professor of Public Health Administration, Columbia University, New York; Dr. Christopher G. Parnall, President of the American Hospital Association; Ruth Emmerson, Director of Social Service, University Clinics, University of Chicago; and Edna L. Foley, Superintendent of the Visiting Nurse Association of Chicago, the program promises to be of distinct value to all who are interested in promoting nursing education and nursing service.

State Associations

Arizona: The annual convention of the Arizona State Nurses' Association will be held in Douglass, in April. The convention will be entertained by the members and officers of District 3, which includes the towns of Bisbee, Douglass and Tombstone. Mrs. Joseph A. Willcox (formerly Miss Lens) is president of the District.

California: During the first two weeks of November, California had the privilege of having within its state, Janet Geister, who came directly from headquarters in New York, with the definite purpose of studying the official registries conducted under the auspices

of district associations. In this connection she met groups of registrars in Los Angeles and San Francisco. Nurse registrars, in several instances, traveled long distances to take part in these conferences. There are in California twelve bureaus of nursing service located in the principal cities. Miss Geister was able to visit six of these bureaus where she inspected the method of work and other features, filling her notebook with a volume of data. She spoke to large groups of nurses on the modern and fast-coming methods of nursing service, namely group and hourly nursing. California is a large state to attempt to cover in a two weeks' visit, and Miss Geister followed a most intensive and demanding itinerary in her desire to reach the many nurses who were awaiting her. A visit from the Director at National Headquarters is rare on the Pacific Coast. The need of direct contact between National Headquarters and the far west states, at not too distant intervals, is vital to both state and national organizations. The awakening to a broader field in the functions of registries, also emphasis on the changing order of nursing service in hospitals and homes, which were the burden of Miss Geister's message to the nurses of California, left a deep impression.

Colorado: The Colorado State Nurses' Association will hold its annual meeting, February 12–14, at the Antlers' Hotel in Colorado Springs.

Connecticut: The Connecticut State Association will hold its annual meeting in Bridgeport, February 5–7.

District of Columbia: A meeting of the District League of Nursing Education was held at Gallinger Hospital on November 28. It was a very interesting meeting, inasmuch as the League was invited to inspect the new building of the Gallinger Hospital.

Florida: The sixteenth annual meeting of the Florida State Nurses' Association was held at the Marion Hotel, Ocala, November 5–7, 1929. There were about one hundred members present. The convention opened with a business meeting, Tuesday afternoon, November 5, with Mrs. Julia W. Kline, President, presiding. The members of the Association were welcomed by the Honorable Mayor E. G. Peek. Response for the Association was made by Ruby Mae Cary. The Association was particularly fortunate in having the National President, S. Lillian Clayton, of Philadelphia, present. Miss Clayton was introduced immediately after the Mayor's address of welcome, and responded in her usual gracious manner. The annual reports of officers, presidents of districts and committees followed. The President then addressed the Association, reporting a year of interesting work.

After adjournment, the members were entertained with a motor ride through the city of Ocala, and a tea given by the pupil nurses of the Marion General Hospital.

The morning session of November 6 was conducted by the Public Health Section. The program was most interesting. The speakers were H. C. Dozier, M.D., President of the Florida Medical Association, who spoke on "Medical Education of the Laity." He was followed by Mrs. Laurie Jean Reid, Director of State Bureau of Child Hygiene and Public Health Nursing, who gave a most interesting report of the Montreal meeting of the International Council. *Flavia* Gleason, State Home Demonstration Agent, then spoke on the "Interrelationship of Work of Home Demonstration Agent and that of Public Health Nurse." Henry Hanson, M.D., State Health Officer, followed with an address on "New Trends and Methods in Public Health."

The session Wednesday afternoon was in charge of the Private Duty Section. Miss Clayton spoke on the "Harmon Plan of Insurance." Ida Butler was not able to be present, and her place on the program was also filled by Miss Clayton, who spoke on "The Need of Red Cross Enrollment." The session then adjourned for a trip to Silver Springs, which is without question one of the wonder spots of America.

The session Thursday morning was conducted by the Red Cross. Miss Clayton spoke on "The Nurse and Her Relationship to the Community." Mr. Bowman, Superintendent of Marion General Hospital, paid a lovely tribute to the nurse and her work. Following this address, Ruth E. Mettinger, Field Secretary Red Cross Nursing Service, gave her report of the Red Cross Convention.

Thursday afternoon, the closing session was held. This was a business meeting, when Miss Clayton spoke on the National Relief Plan, and the remainder of the session was given over to routine business. The meeting was a most interesting and instructive one; each member who attended felt that the time was well spent. The officers elected for the next year are: President, Mrs. Lucy Knox McGee; vice presidents, Mrs. Nancy Lawlor, Jean Amsand; secretary, Mary Elizabeth Kavel; treasurer, Mrs. Ruth C. Baughman. West Palm Beach was chosen as the next place of meeting.

Illinois: The Illinois League of Nursing Education held its first meeting of the fall on November 22, at First District Headquarters, in Chicago. The program consisted of two papers: "A Survey of Experience Offered in Communicable-Disease Nursing in the Accredited Schools of Illinois," by Charlotte Johnson, Director of Nurses, Durand Hospital, Chicago, and "The Value of Psychiatric Nursing as a Method of Teaching Student Nurses Mental Hygiene," by Marion Faber, Assistant Director of Psychiatric and Neurological Nursing Service, Cook County Hospital, Chicago. Charlotte Janes Garrison, Director of the Hospital Library and Service Bureau of the American Hospital Association, gave an address in which she discussed the activities of the Bureau and invited the administrators of schools of nursing to avail themselves of its services.

Maine: The Maine State Nurses' Association will hold its annual meeting, January 3 and 4, in Bangor, with headquarters at the Dorothy Memorial, Park Street.

The chief points of the program are: Friday, 9 a.m., registration; 9.30, meeting of Executive Committee; 11, sections—Private Duty, Aurora Michaud presiding; League, Mary Osborne presiding; Public Health, Edith L. Soule presiding. At 2.15 there will be a general session, Louise P. Hopkins presiding. The invocation will be given by Ashley A. Smith, D.D.; address of welcome, Mayor John Wilson; response, Rachael Metcalfe. There will be reports from the three districts, from state committees, a report of the New England Division by Theresa R. Anderson, and the President's address.

At 4 there will be a tea at the Nurses' Home of the Eastern Maine General Hospital, and at 7 p.m. a banquet at the Penobscot Exchange Hotel, Aurora Michaud presiding. A Cacti film will be shown with a demonstration by Dr. Barbara Hunt and Dr. Herbert E. Thompson.

Saturday morning, the 9 o'clock session will be under the auspices of the Public Health Section, Miss Soule presiding. Addresses will be by Winifred Fitzpatrick of Providence, R. I., on "A Rounded Program in Public Health Nursing," and "A Demonstration of School Nursing," by Alma I. Johnson. At 10.30 a meeting of the State League will be held. The afternoon will be devoted to business.

Maryland: The annual meeting of the Maryland State Nurses' Association, Maryland League of Nursing Education and the Maryland State Association for Public Health Nursing will be held in Baltimore, January 28–30.

North Dakota: The North Dakota State Nurses' Association closed a very successful meeting at Minot on November 1, after a three-day session, every hour being filled with inspiring talks. Officers elected are: President, Esther Teichmann, Bismarck; vice presidents, Mildred Isaakson of San Haven and Sister Eveline of Minot; secretary and treasurer, Ella Voge, Bismarck; corresponding secretary, Alice O. Danielsen, Grand Forks; directors, Mabel Hertsgard, Evelyn Fox, Josephine Osland, Marceline Buchan.

Oklahoma: The Oklahoma State Nurses' Association held its annual meeting in Ponca City, October 23–25, with about two hundred in attendance. On Wednesday, the 23d, business meetings of the Organization for Public Health Nursing and the Private Duty Section were held in the morning, and at noon a luncheon was given at the Marland Institute by the Chamber of Commerce.

The afternoon section was in charge of the public health nurses, Lois Todd presiding, with the following program: addresses by Dr. J. C. Wagner; by Maxine Curruthers of the Metropolitan Life Insurance Company; by Minnie Thomas, Superintendent of the Nursing Bureau, Oklahoma City, telling of the work done by her staff; by Dr. Carl Puckett of the Oklahoma Public Health Association; by Etta Gowdy, Midwestern Division, American Red Cross, on the need of more nurses for disaster relief.

In the evening a dance was given by the nurses of Ponca City.

On Thursday morning there was a breakfast for the private duty nurses at St. Mary's Hall. At 9.30 the meeting was opened with a paper on "Ethics" by Miss Borland. The business session was a busy one, as the constitution and by-laws were revised, with many changes to conform to the standards of the American Nurses' Association. It was decided to have a chevron copyrighted for the registered nurse to wear on her sleeve, also to change the name of the state bulletin to *The Oklahoma Nurse*. Two new districts have been formed and are doing good work. The roll call by districts brought responses which showed all had had a prosperous year.

At noon, the public health nurses had a luncheon.

The afternoon session, Emma Teel presiding, was in charge of the private duty

nurses. Papers were read on "Hours," "Problems of Rural Nursing," "Private Duty Nursing," "Is Private Duty Nursing Overcrowded?" The papers on "Recreation for Student Nurses" and "When Do We Gain Good or Bad Knowledge?" were given by students. The rest of the session was given to S. Lillian Clayton, President of the American Nurses' Association, who generously gave a report on the work of the Grading Committee, a talk on the Harmon Plan and one on the Relief Fund.

In the evening a line party was given at the Murray Theatre.

On Friday morning, the Red Cross nurses had a breakfast. The closing session was opened with a paper by Sue Travis on "What Is Worth While for an Educational Director in a School of Nursing?" This was followed by one on "Coöperation of the Alumnae with the School of Nursing," by Mrs. Hopper. Miss Smith and Miss Moorman, from the School for Crippled Children, gave interesting talks on "Education and Occupational Therapy for Crippled Children." Miss Clayton spoke on the work being done by the Committee on Registries from Headquarters. Her visit was very much enjoyed; she was an inspiration to everyone, as she was ready to help with every problem that came before the assembly. At a meeting of the State League, held on Thursday, it was decided to hold an institute next June. The members plan to travel by bus to the convention in Milwaukee. The invitation to meet in McAlester, in 1930, was accepted.

After adjournment, a drive about the city and surrounding country was enjoyed, with entertainment, at the Ponca City Hospital.

The President of the Association, Grace Irwin, was unable to preside, because of illness, so the first vice president, Edna Ashenhurst, presided in her place. Officers elected are: President, Anna Pickens, El Reno; secretary-treasurer, Mrs. Marjorie W. Morrison, Oklahoma, City.

State League officers are: President, Grace Baldwin, Clinton; secretary, Mattie Lewis Davis, Oklahoma City; treasurer, Mrs. Blanche Hopper, Pawhuska.

Oregon: At Salem, on June 6, 1929, the following officers of the OREGON STATE GRADUATE NURSES' ASSOCIATION for 1929-1930 were elected: President, Jane D. Gavin; vice presidents, Helen McClusky, Mrs. Margaret B. Price; secretary, Mrs. Elaine H. Cliff; treasurer, Louise M. Hanley.

A special state meeting of the Oregon State Graduate Nurses' Association was called for Saturday, November 16, 1929, for the purpose of changing the by-laws of the State Association to conform with those of the National Association. At a well-attended luncheon at the Heathman Hotel, Portland, Elnora E. Thomson, Professor of Applied Sociology of the University of Oregon, and First Vice President of the American Nurses' Association, addressed the members upon the value of state and national membership. Her talk was much appreciated. The members count themselves very fortunate in having Miss Thomson in Oregon. Mrs. Glendora Blakely, State Advisory Nurse, and Grace Phelps, President of the Oregon State Board of Examination and Registration of Graduate Nurses, visited Medford in October, and while there assisted the nurses to reorganize their district, which is No. 4. Jane D. Gavin, President, on November 6, visited Klamath Falls and helped the nurses of Klamath County to organize a district there, to be known as District No. 8. On November 8, Miss Gavin met with the nurses at Astoria, and helped with the organization of District No. 9 at that place. Requests for assistance have come to State Central Headquarters from Marshfield, Rogue River, The Dalles, Baker, and many other parts of the state. Oregon nurses are becoming very much interested in organization. Since the passage, in 1929, of the new law providing for the annual renewal of the R. N. certificate, much interest is being shown in the more isolated districts, where little or no attention has been paid to state registration and membership for some time. At the special meeting on November 16, the Nurses' Official Registry, of Portland, which has been, up to date, a State Association registry, was formally turned over to District No. 1 as a rightful part of its responsibility. Each month a digest of the minutes of the meetings of the Board of Directors of the State Association is made up and sent out to each of the districts, so that they may be in close touch with what is being done.

Rhode Island: The annual meeting of the RHODE ISLAND STATE NURSES' ASSOCIATION will be held in Providence, January 22.

District and Alumnae News

Arizona: Douglas.—DISTRICT 3 has as officers: President, Mrs. Joseph A. Willcox; vice president, Mrs. Ruth Newman; secretary, Mrs. Emily F. McIlligott; treasurer, Mrs. Merlah Porter.

Georgia: Athens.—The EIGHTH DISTRICT has as officers: President, Minnie W. Thurmond; vice presidents, Lynda Bray, Mrs. Harry Horne; secretary, Mrs. Maud Byrd; treasurer, Dorothy Stone. The ATHENS GENERAL HOSPITAL ALUMNAE has increased its membership from 19 to 25. Agnes McGinley, Superintendent of Nurses, has been made an honorary member of the Association. A Relief Fund is supported which has proved a help to the members. Officers are: President, Alma Payne; vice president, Dorothy Stone; secretary-treasurer, Myrtle Pinson. ST. MARY'S ALUMNAE, with 31 members, has worked to beautify the nurses' home. Officers are: President, Elizabeth Hale; vice president, Lillian Wynn; secretary-treasurer, Jessie Mae Branyon. **Augusta.**—The TENTH DISTRICT has as officers: President, Mrs. Joseph Ackerman; vice president, Florence Pund; secretary, Gene Greneker; treasurer, Louise Tummins. Chairmen of committees are: Credential, Daisy Munns; Program, Helen Sturkey; Nominating, Carrie O'Banion; Publicity, Rachel Arthur; Registry, Nelle Henry; Nurses' Relief, Dell Reeves; Headquarters, Myrtle Young. **Columbus.**—The FOURTH DISTRICT has 54 members. It has adopted an under-privileged girl who has been placed in a church home. COLUMBUS CITY HOSPITAL ALUMNAE have, as officers: President, Roma Kilgore; vice presidents, Annebie Haralson, Lucile Windham; secretary, Clara McCluskey; corresponding secretary, Annie Mae Ridgeway; treasurer, Ruth Jenkins. **Gainesville.**—The NINTH DISTRICT was organized May 16, 1929, with Dorothy Booth as president, Frances Lance as secretary and Ruby Falls as treasurer. The membership is fifteen, in addition to associate and non-resident members. DOWNEY HOSPITAL ALUMNAE ASSOCIATION was formed May 18, 1929, with ten members. Meetings are held the third Thursday in each month. The 1930 officers are President, Constance McIntosh, vice president, Allene Hatcher; secretary, Emma Lee Richardson; treasurer, Frances Dunahoo. **Macon.**—The SIXTH DISTRICT, formerly the Third District, held a regular meeting at the Bibb County Health Office, December 7, with twenty-two members present and Dora Kersher presiding. It was decided to purchase an individual card register for the registry and also a typewriter for the use of the District, to be kept at the registry. The next meeting will be held in February at Beaufly Hall, Milledgeville. **Rome.**—The SEVENTH DISTRICT, little more than a year old, has 55 members. Twenty-five dollars' worth of League calendars have been sold. Officers are: President, Beulah Carrington; vice president, Mrs. C. D. Taylor; secretary, Mrs. E. P. Grant; treasurer, Katherine Scoggins. HARBIN HOSPITAL ALUMNAE, with 26 members, has pledged itself to sell fifteen calendars. Officers are: President, Lucille Atkinson; vice president, Mary Ellen Saunders; secretary-treasurer, Thelma Wall; assistant, Eliza Richards. McCALL HOSPITAL ALUMNAE reports monthly meetings with special programs. Articles from the *American Journal of Nursing* are read and discussed with profit, and those from the *State Bulletin*. HAMILTON MEMORIAL ALUMNAE ASSOCIATION was organized September 6, 1928. The membership is small—only eight—but the interest is great! The alumnae as honorary members who are inspiring in their enthusiasm for the work of the Association, and the organization has participated in practically all of the activities of the State Association, contributing to the Grading Plan, to State Headquarters, etc., and in the sale of League calendars. The officers are: President, Mrs. Lurlie Moore Holland; vice president, Frances Russell; acting secretary-treasurer, Stella Ivie. **Savannah.**—FIRST DISTRICT monthly meeting was held November 27 at St. Joseph's Hospital. Mrs. Gertrude Jessop was made chairman of the Private Duty Section, and Mrs. Alma Albrecht, Chairman of Relief. Harriet Buckner read an interesting report of the state convention. Clyde Smith, sent as a delegate of the Nurses' Official Registry, explained the activities of other registries in the state. The officers of the First (formerly Fourth) District are: President, Martha Gatska; vice president, Mrs. Alma Albrecht; secretary, Vera Mingledorff; treasurer, Harriet Buckner. The chairman of the Registry Committee is Mrs. Thelma Rhodes; Credentials, Mrs. Estella C. Westcott; Program, Mrs. Maizie Mallard; Publicity, Frances White; Hospitality, Mabel Kight; Red Cross, Lucy Hall. SAVANNAH HOSPITAL ALUMNAE ASSOCIATION reports contributions to the Relief Fund, the State Headquarters, the Bordeaux Memorial. In addition, the activities have included assistance with the linen chest of the First District, sale of League calendars, etc. Officers are: President, Louise Wells; vice president, Mary Louise Youmans; secretary, Mrs. Thelma Rhodes; treasurer, Mrs. Mossie Ager. TELFAIR HOSPITAL ALUMNAE ASSOCIATION has 26 members. Activities the past year have included the furnishing of a room in the new wing of the hospital, contributions to Nurses' Relief

Fund and support of State Headquarters. The officers are: President, Leila Sowell; vice president, Mrs. Theodore Howell; secretary-treasurer, Sara Dosman; assistant, Ida Long. Marie McQuade is chairman of the Entertainment Committee, and Mrs. Leon Boteman of Publicity. The ambition of the alumnae is to equip the classroom of the hospital for the coming year. PARK VIEW ALUMNAE ASSOCIATION reports holding of regular monthly meetings the first Tuesday, with an average attendance of 12 members. Contributions have been made to the Relief Fund, the Grading Committee, the Bordeaux Memorial, Tallulah Falls Industrial School, First District linen chest, and calendars were sold. ST. JOSEPH'S ALUMNAE ASSOCIATION reports 49 active members. Contributions made to Relief Fund, State Headquarters, Bordeaux Memorial, etc. Activities have included raising of money through rummage sales, a linen chest and card parties, and gifts made to the hospital and to student nurses. Officers elected at October meeting are: President, Helen F. McNally; vice president, Mrs. Ida Harvey; secretary-treasurer, Josephine Dillon.

Illinois: Chicago.—The FIRST DISTRICT has arranged a series of demonstrations of the newer nursing procedures, which are being given at the various hospitals, morning and evening, so that all private duty nurses interested can attend. The value of group insurance—health and accident—was presented by a representative of the Continental Casualty Company for the consideration of the members of the District. The December meeting was held in the beautiful auditorium of the Chicago Woman's Club. The Chicago Chapter of the American Red Cross was in charge of the program, which included an interesting address, "Recent Adventures with the Red Cross in Europe," by Ruth Austin. A fine demonstration of First Aid was given by the championship team of the Public Service Company of Northern Illinois. To stimulate interest in enrollment, a skit, "How To Become a Red Cross Nurse," was presented by Mary Mitchell and Vivian Smith of Wesley Memorial Hospital.

Iowa: Des Moines.—At a recent meeting of the superintendents of all Des Moines hospitals and the superintendents of nurses it was decided to adopt a twelve-hour day schedule for all hospitals in the city. This schedule was approved at the last meeting of the State Hospital Association and was urged for adoption in Iowa. The State Registered Nurses' Association also passed a resolution recently, urging inauguration of the twelve-hour day, asserting that it has added to the comfort and safety of the patient and to the dignity of the hospital personnel.

Kentucky: Members of the Frontier Nursing Service, a year ago, formed the KENTUCKY STATE ASSOCIATION OF MIDWIVES, at the request of the State Health Officer. This Association has just been incorporated. It is believed to be the first association of midwives organized, incorporated, and promoted by midwives, in the United States.

Massachusetts: Boston.—The PETER BENT BRIGHAM HOSPITAL held graduating exercises for the School of Nursing at Simmons College, December 6.

Michigan: Battle Creek.—The regular meeting of the BATTLE CREEK DISTRICT was held on November 13 at Leila Post Montgomery Hospital, and proved to be especially interesting. Mary C. Wheeler, State Executive Secretary, gave some helpful suggestions, and announced this as her last visit, as she gives up her office on January 1, and is succeeded by Olive Soule. Dr. Kretchmeier of the Sanitarium told of conditions in South Africa, as he observed them while living there.

Minnesota: Minneapolis.—The THIRD DISTRICT has opened new executive and registry offices and a club room and library for its members at 1100 Donaldson Building. The Association was at home to its friends on November 14 and 15.

New Jersey: Atlantic City.—DISTRICT 6 held the regular monthly meeting on November 12, in the Nurses' Home of the Atlantic City Hospital, with thirty-seven present. L. M. Seeley, of the Massachusetts Mutual Life Insurance Company, spoke on "Annuities for Nurses." Jersey City.—On November 14, the graduate nurses of Christ Hospital held their first reunion. A dinner was held at the Plaza Hotel, and all who attended were well repaid for their efforts. Miss Waite, Secretary of the Alumnae, called the roll by years—only a few classes since 1894 were missing. Short addresses were given by Drs. Dickinson, Spence and Woodruff and by Mary Gray, Directress of Nurses.

New York: New York.—CAMP ROOSEVELT, Spanish-American War nurses, holds meetings the third Thursday of the month at the homes of members. Notice of meetings is mailed to the members, giving the addresses of meeting places. Officers for the year 1929–30 are: Chairman, Florence M. Kelly;

secretary-treasurer, Agnes L. MacIntyre, 317 West 45th Street, New York.

Ohio: Cincinnati.—The regular monthly meeting of DISTRICT 8 was held at the Deaconess Hospital on November 25. Rosamond C. Cook, Professor of Home Economics of the University of Cincinnati, gave a very interesting talk on "Our Hosiery Problems." At a meeting of the Public Health Section of District 8, held at the Emmanuel Community House, Dr. Greenabaum gave an interesting talk on "Rickets." **Toledo.**—The regular monthly business meeting of DISTRICT 9 was held at Robinwood Hospital Nurses' Residence, December 18. Dr. Bowman of Toledo University spoke on "Heredity."

Pennsylvania: Palmerton.—A meeting of DISTRICT 2 was held at the Nurses' Home of the Palmerton Hospital, November 16, with a large number of members present. An interesting talk on "Mental Hygiene" was given by Mrs. Batcheller. **Philadelphia.**—The PROTESTANT EPISCOPAL HOSPITAL ALUMNAE had an unusually large attendance of members and of Senior nurses of the school, on December 3, when they were honored by having Mrs. Helene S. Herrmann as the speaker at their meeting. She urged the necessity of registration before September, 1930, and emphasized the advantages of loyalty and coöperation with one's school and with one another. **Pottsville.**— The ASHLAND STATE HOSPITAL ALUMNAE held its annual meeting and reunion at the Necho Allen Hotel, December 11, with 29 members and four guests present. The following officers were elected for the coming year: President, Kathryn Kleese; vice presidents, Nellie M. Weaver, Mrs. Grace Burmeister Lynch; treasurer, Martha Nochton; secretary, Kathryn McAndrews; associate, Rosalie Marrah. **Wilkes Barre.**—The regular meeting of DISTRICT 3 was held in the Nurses' Residence, Mercy Hospital, November 21, with an attendance of 86. The report of the general sessions of the York Convention was presented by Sarah H. Smith, President of the District; the Public Health Sessions by Leslie Wessel, and the League of Education Sessions by Sister Mary Avellino. The President made an appeal to all superintendents of hospitals and nurses to inform all nurses connected with their schools who are not registered nurses to become such before September 1, 1930.

Tennessee: Clarksville.—A new nurses' home to accommodate twenty students and the superintendent is being built for the Clarksville Hospital. It is a gift from Howard D. Pettus, a director of the hospital, as a memorial to his wife. It will be called the Edith Pettus Memorial Nurses' Home.

Texas: Galveston.—DISTRICT 6, at its annual meeting in November, elected: President, Mrs. L. Gwyn Adams; secretary-treasurer, Xilema Faulkner.

Virginia: Craigsville.—Ethel M. Smith, Secretary-Treasurer of the State Board of Nurse Examiners, was recently appointed Chairman of a committee to devise an improved plan for reciprocity between the states. This appointment was made at the Southern Division Convention held recently in Birmingham, Alabama. **Richmond.**—Monthly meetings of the FIFTH DISTRICT are held the fourth Friday evening at 8 p.m. The officers of the Fifth District are: President, Marie L. Baptist; vice presidents, Natalie Curtis, Juanita Woods; secretary, Laura Victor; treasurer, Theresa Childress. Lillian Wu, President of the Chinese Nurses' Association, and Superintendent of the Red Cross Hospital in Shanghai, addressed the Fifth District at St. Elizabeth's Hospital Home on November 22. Mrs. Virginia Gibbs McPheeter also spoke on her experiences in the Far East and the Philippine Islands. Each of these speakers was in the costume of the country about which she spoke. **Roanoke.**—Graduate nurses of the seven counties composing the TWELFTH DISTRICT have been organized with Eliza Bell as president of the group. With an attendance of about seventy-five nurses from Roanoke, Craig, Botetourt, Bedford, Franklin, Montgomery and Floyd Counties, the organization meeting took place on Wednesday afternoon at the Elks' Club. Officers elected with Miss Bell were: vice presidents, Elizabeth Buxton, Miss Godby; secretary, Eva Stewart; treasurer, Elizabeth Ayers. The next meeting of the organization will be held on the second Tuesday in January. Meetings thereafter will be arranged at intervals of three months.

Washington: Everett.—The WASHINGTON LEAGUE OF NURSING EDUCATION met at the Everett General Hospital, November 15, for a dinner meeting. Following a business meeting, the hour was devoted to a lively discussion of the Washington laws regarding nursing. **Olympia.**—Sisters of Providence at St. Peter's Hospital held graduating exercises for their Senior class, November 26. **Seattle.**—DISTRICT 2 held its December meeting in the auditorium of the Providence

School of Nursing. Dr. H. T. Buckner addressed the group on "Orthopedic Nursing." The meeting was well attended.

Too Late for Classification

Delaware: The Delaware State Association of Graduate Nurses will hold its annual meeting Thursday, January 24, at the Delaware Hospital, Wilmington.

Deaths

Caroline Mary Densing (class of 1914, St. Luke's Hospital, Chicago, Ill.) on September 20, 1929, at her home in South Milwaukee, Wis., following a long illness from valvular heart disease and myocarditis.

After graduation, Miss Densing, did private duty in Chicago, until she joined Base Hospital Unit 14, and was assigned to Camp Grant until she left for overseas duty and was located at Base Hospital 14 at Mars Sur Allier. In April, 1919, she was invalided home and had been disabled since that time.

Full military honors were accorded Miss Densing under Van Elmeron Post 27, at her funeral which was held at St. Mark's Episcopal Church. A beautiful eulogy was given by the rector, and he used the text "I have fought the good fight, and finished my course," which was especially fitting, considering the splendid fight Miss Densing made to overcome the handicap of illness. Her life during the war and afterwards was characterized by the highest degree of courage and perseverance, and her entire life was devoted to unselfish service for others.

Ruth Grieb (graduate of the Sacred Heart Hospital, Spokane, Wash.), accidentally, while cleaning a gun preparatory to a hunting trip. Miss Grieb had been employed as dressing-room nurse at the Sacred Heart since her graduation several years ago. She will be sadly missed by her co-workers and the alumnae.

Lucy Lamon (class of 1911, George Washington University Hospital, Washington, D. C.) on December 9, after a short illness. Miss Lamon did private duty for several years after graduation and then became assistant superintendent of her own hospital. For the past two years she had been the nurse at the Boys' School at the Cathedral, Washington. She was an active member of her alumnae association, a faithful nurse, a splendid woman; she will be greatly missed.

Esther Sorensen (class of 1921, National Homeopathic Hospital, Washington, D. C.) at Boston City Hospital, on October 27, of pneumonia, after a few days' illness. Miss Sorensen's resignation from the Navy Nurse Corps had recently been accepted after two and one-half years of faithful service.

For One in Doubt

WHILE you that in your sorrow disavow
Service and hope, see love and brotherhood
Far off as ever, it will do no good
For you to wear his thorns upon your brow
For doubt of him. And should you question how
To serve him best, he might say, if he could,
"Whether or not the cross was made of wood
Whereon you nailed me, is no matter now."

Though other saviors have in older lore
A legend, and for older gods have died—
Though death may wear the crown it always wore,
And ignorance be still the sword of pride—
Something is here that was not here before,
And strangely has not yet been crucified.

—Edwin Arlington Robinson. (From "Sonnets.")

About Books

UROLOGICAL NURSING. By David M. Davis, M.D. 172 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price, $2.25.

TO those nurses whose ideas about urological patients are chiefly concerned with unusually frequent changes of dressings, and whose experience with cystoscopic examinations is limited to having been told by the surgeon to "tack up" the rheostat, this book on urological nursing will be most welcome. It will also be welcomed by those who are teaching student nurses and by nurses engaged in private duty or office nursing.

The book begins very soundly with a chapter covering the anatomy and physiology of the urogenital tract and then proceeds to a description of the pathological conditions which attack it and their treatment. These are classified and discussed in a way that is easily understood.

The three chapters devoted to nursing care which follow are thus based on an understanding of the condition which the nurse is caring for. Great emphasis is placed on the importance of the nurse's function in forcing fluids, collecting specimens, noting changes in the character of the urine and in regulating drainage. There are very practical suggestions as to the kind of equipment to be used for the latter and its care and arrangement. The author says in this connection, "A properly managed urological ward should not smell any different from any other surgical ward."

Fully half the book deals with urological equipment, including that used for office or clinic work, for cystoscopic examinations, for surgery and for bedside treatment. This section is very well illustrated and the care of equipment is also carefully considered.

The concluding chapter outlines some twenty or twenty-five urological procedures which is specially helpful, since they are not all usually included in other nursing texts.

The one lack in the book is its failure to deal with the mental side of these cases, since frequently the mental state of the patient presents more of a problem than the condition which brought the patient to the hospital. In spite of this lack, however, Dr. Davis' book is very helpful and presents in small space information which in the past many nurses have searched for, often without success, in many places.

H. W. M.

New York.

THE ART OF STRAIGHT THINKING. A Primer of Scientific Method for Social Inquiry. By Edwin Leavitt Clarke. 470 pages. 14 figures. D. Appleton and Company, New York, 1929. Price, $3.

ALTHOUGH this is a text designed to train students in reliable social inquiry, it is so simple, straightforward and clear that it can be read by laymen to great advantage. Let the non-technical person omit Chapters IV and VI, on logic and statistics, respectively, and he will discover a mine of suggestions and illustrative cases that will make

his judgment more reliable. Fortunately neither the style nor the materials have been sacrificed to the formalities of a text. For student use it is enriched by questions and exercises and by extensive bibliographies.

The book is a fine analysis of the nature and conditions of false thinking. Nowhere else can one find so splendid a summary of the ways to apply the essential features of scientific method strikingly oriented to every-day social and civic problems. The chapters on causes and cures of prejudice, assumptions and hypothesis, evidence and proof, oral testimony and dishonest propaganda, should at least make every nurse who takes them to heart hold conclusions tentatively and be critical of dogmatism. Particularly at this time, the nursing profession would gain much by practical use of the last chapter on coöperative discussion. It is a book that can aid the nurse both as nurse and citizen. Were I in a position to do so, I would require its careful study by every public health nurse and every nursing teacher and administrator. It is an indispensable background for the social work phases of nursing. Best of all, its illuminating illustrations make the reading of it quite exciting, particularly if one has a lively interest in "how we get that way."

DANIEL H. KULP, II.

Teachers College, New York.

NURSING MENTAL DISEASES. By Harriet Bailey, R.N. Second edition, completely revised. 294 pages. The Macmillan Company, New York. Price, $2.

IN her revised edition, Harriet Bailey has given to the profession a text which every school of nursing should have upon its library shelves, and indeed it might very well be considered a text which every student nurse should have for her personal use. Many new chapters have been introduced while others have been practically rewritten and enlarged.

The subject matter is presented in a clear, simple and practical manner, and nurses will find it helpful not only in nursing patients with mental disease but in nursing patients in the general hospital wards and in the community.

Today the trend in nursing is towards a consideration of the patient in all the phases of his life; therefore it is equally important that in nursing patients with physical infirmities the student should remember that the mental and physical life of a human being cannot be separated. Miss Bailey's book will be a valuable aid in helping the young student to attain this point of view. The book is primarily written for the student who has no background in psychiatric nursing, and for this reason its simple but excellent style and clear interpretation of facts make it particularly valuable for general use in schools of nursing.

The volume of literature in popular form which has been published in recent years upon highly technical and scientific subjects has done much to confuse our thinking. This is particularly true in the field of psychology and psychiatry. In *Nursing Mental Diseases*, the author has carefully avoided controversial subjects. For this reason the most conservative thinkers will agree no doubt that the material presented is sufficiently accurate for the use of the young and inexperienced student in nursing while at the same time it should stimulate thinking and form a background for a further and deeper study of that most fascinating subject—"Nursing Mental Diseases."

EFFIE J. TAYLOR, R.N.

Connecticut.

Parents and the Pre-School Child. By William E. Blatz, M.B., Ph.D., and Helen Bott, M.A., with a foreword by Sidonie M. Gruenberg. 340 pages. William Morrow and Co., New York. Price, $3.

After listening to an opera, recently, my companion said that it was over her head, that it had no melody that she could hum and that would stay by her. Dr. Blatz' book is so full of melody, if we accept quotable definitions and frank statements, that its contents stay by one. Certainly its readers realise that little children deserve and need the more careful, thoughtful kind of supervision and teaching. In clear, excellent, unclouded English, one finds something to mull over and to remember on almost every page.

"'Changed Material Conditions' (p. 13) explains, perhaps, why this book is so helpful. 'Habits of Eating' (Chapter III) shows many of us where the child is the father of the man; that parents whose own eating habits are faulty should not take this out on their children. 'Habits of Play' (Chapter VI) reminds us that a child's play is re-creative but also character-forming in the best possible sense. The chapter on 'Sex Training' will stand many readings. Perhaps other writers have discussed this topic as well, but no one has assembled the subject matter so compactly nor approached it more normally. Karl deSchweinitz' 'Growing Up' is mentioned in this chapter and, to many, both 'Growing Up' and this chapter will prove of very great help in growing up with little children. . . .

"The world is manufacturing books so rapidly nowadays that one almost instinctively picks up the pleasantly readable looking textbook first, if four or five books on the same or similar topics are offered. *Parents and the Pre-School Child* is so immediately helpful that it should have wide sale and very general distribution among educated people, in spite of its size. 'Habits are useful tools but need re-shaping to serve their owner in his particular stage of development and kind of environment.' 'He will be *learning to amuse himself*, an ability which is of the greatest value, not only in childhood but in later life' (p.130). 'If the child develops a habit of dealing successfully with the situations with which he is confronted, the self-confidence thereby engendered will carry him far in future situations' (p. 192). 'The habit of failure is deleterious to mental health, and when one realizes that failure may occur more or less by accident and may, nevertheless, be fixated till it becomes a part of the character, then the importance of early encouraging a feeling of assurance and confidence in the child is clear' (p.193)."—From a review prepared for the *Bulletin of the American Child Health Association.*

Gynecology for Nurses and Gynecological Nursing. By Comyns Berkeley, M.D. Fifth edition. 426 pages. Illustrated. Faber and Gwyer, London. Price 7/6.

Comyns Berkeley, M.D., brings to us, in "Gynecology for Nurses and Gynecological nursing," the fruits of his experiences as a practitioner in the field of obstetrics and gynecology, as a teacher of student nurses, and as a keen observer of nursing routine.

The book, first published in 1910 and now in its fifth edition, was the outgrowth of his lectures to student nurses. The author states that through these years he has been guided in the revisions of his book by the suggestions from Sister Tutors of London and the Provinces.

The title of the book is a bit misleading, as the book includes not only Gynecology but Obstetrics as well.

Student nurses should have no difficulty in understanding the material for it is quite elementary, it is written in a simple fashion, and is illustrated by carefully chosen pictures that are clear and much to the point. While that which is given is good, there is much in the way of important nursing measures that has been omitted.

The book, itself, is easy to handle because of its size and weight but it has rather small type and glossy paper which make for difficulty in reading.

The terminology and technic given in this English book is similar to those used in America, yet there seems sufficient difference to limit its use to that of a reference book for comparison between these two countries rather than to class it as a regular text or general reference.

M. CORDELIA COWAN, R.N., A.M.
New York.

MECHANO-THERAPY. By Mary Rees Mulliner, M.D. 265 pages. Illustrated. Lea & Febiger, Philadelphia. Price, $2.75.

THIS volume contains the author's experience which extended over a number of years and includes both the teaching and the practice of mechanotherapy. The author's qualifications seem to be satisfactory. She places the emphasis upon good posture as a factor in relieving the so-called medical or internal disorders in the treatment of diseases in women and in prenatal training. The author endeavors to create an interest in the hygienic aspect of what she refers to as the neuromuscular economy.

She defines mechano-therapy as treatment which may now be considered as virtually manual therapy, or as the healing of the body by means of manipulations or by massage and special exercises.

Mechano-therapy employs the adaptation of passive manipulation and special exercises for the relief of conditions due to inflammation of various tissues, trauma, to faulty weight-bearing, and to the stasis resulting from insufficient bodily activity. She states that if the abnormal condition is due to lack of exercise, it can be cured by exercise.

PHILIP LEWIN, M.D.
Chicago, Illinois.

Books Received

THE NURSES' STATE BOARD QUESTIONS AND ANSWERS. By R. Max Goepp, M.D. Second Edition. 541 pages. W. B. Saunders Co., Philadelphia. Price, $3.25.

The current issue of *Modern Hospital* contains an unusually interesting article "What 10,000 Patients Actually Paid in 109 Hospitals."

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company—Offices, 370 Seventh Ave., New York.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care *American Journal of Nursing*, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. [illegible] Vaughan, St. Louis; Elisabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anna C. Gladwin, 233 E. Voris St., Akron, O. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. Government Nursing Service, Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. Relief Fund Committee, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Revision Committee, Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rottman, Bellevue Hospital, New York. Ex. Sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Katharine Tucker, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec., Katharine DeWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Edith Soule, State Dept. of Health, Augusta, Maine. Sec., Elizabeth Van Patten, 35 Elm St., New Haven, Conn.

Middle Atlantic Division.—Pres., Jane E. Nash, Church Home, and Infirmary, Baltimore, Md. Sec., Marion Durell, City Hosp., New York.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Acting Sec., Eugenia Kennedy, 309 Traction Terminal Bldg., Indianapolis, Ind.

Northwestern Division.—Pres., Mrs. Elizabeth Soule, University of Washington, Seattle, Wash. Sec., Katherine Leahy, University of Washington, Seattle, Wash.

Southern Division.—Pres., Annie M. Beddow, Norwood Hosp., Birmingham, Ala. Sec., Bernardine Bryant, 903 First Ave., Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—Pres., Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham. Pres. examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham.

Arizona.—Pres., Mrs. Kathryn G. Hutchison, Tombstone. Sec., Mrs. Mildred P. Fulkerson, 735 E. Moreland St., Phoenix. Pres. examining board, Helen V. Egan, 514 N. 2d St., Phoenix. Sec.-treas., Minnie C. Benson, 152 N. Church St., Tucson.

Arkansas.—Pres., Katherine Pollard, St. Vincent's Inf., Little Rock. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. Pres. examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—Pres., D. Dean Urch, Highland Hosp., Oakland. Sec., Ruth V. Wheelock, Community Hospital, Riverside. Director of headquarters, Anna C. Jammé, Room 502, 609 Sutter St., San Francisco. State League Pres., Mary M. Pickering, University of California, Berkeley. Sec., Nellie M. Porter, 819 Associated Realty Bldg., Los Angeles. Director Bureau of Registration of Nurses, Sarah G. White, State Office Bldg., Sacramento.

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